



Assistance Scheme for Paralympic Sport / Para Sport Equipment

APPLICATION FORM TYPE A - ELIGIBLE ATHLETES

Date:	
Name and Surname of Applicant (Eligible	
Athletes):	
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Please include (1) name and surname	
parents/legal guardian(s) name if applicant is	
a minor under 18 years of age; and (2) name	
and surname of minor on behalf of whom	
application is being made.	
Age of Applicant:	
Gender of Applicant:	
Contact email:	
Contact number:	
Contact number.	
Type of Physical / Visual / Hearing	
Impairment of Applicant:	
Please indicate type of eligible physical, visual	
and/or hearing impairment. Consult the	
scheme terms and conditions for meaning of	
'eligible' impairment.	
engible impairment.	
It is recommended that applicants submit a	
medical report from their medical doctor /	
consultant, describing the impairment and	
related details (such as whether impairment	
is congenital or otherwise, etc.)	
is congenital of otherwise, etc.)	
Paralympic Sport or Para Sport:	
Please indicate sport(s). For example:	
- Para Swimming	
- Para Athletics	
- Para Rowing (indoor and on-water	







Para Powerlifting Wheelchair Basketball Para Archery Para Badminton Para Sailing Frame Football Para Boccia etc. **Equipment:** Please indicate. For example: prosthetic limbs or equipment (including customised footwear for prosthesis or foot impairments, etc.) sport wheelchair adapted seats adapted riggings and fittings (for example, for bicycles, ERGs, etc.) adaptive gripping aids (example, used in rowing, archery, wheelchair basketball, etc.) equipment for cardiovascular and/or strength & conditioning training purposes (example - adapted indoor bikes, ERGs, or other machines, etc.) adapted training gear or adapted official competition apparel equipment to aid visually impaired athletes (such as tappers, audio equipment, etc.) communicative devices for athletes with hearing impairments Deposit amount (if applicable): € Eligible expenses being applied for: Please indicate total amount for which financial assistance under the scheme is being applied for. Please indicate any deposit amount or if invoice is payable in separate Other instalments (if applicable): installments. Total amount:







Sport Club affiliated with:	
Coach - name:	
Coach - contact number	
Number of months/years active in the sport(s) selected above:	
National or international competitions and personal bests/seasonal bests: List national or international competitions you participated in the last 12 months or indicate not applicable. Please also indicate any competitions you expect/plan to compete in over the coming 12 months.	If applicable, please fill in the tables in Annex 1 of this application form.

Declarations on terms of use of Eligible Equipment:

By submitting this form, the applicant (or where, the applicant is a minor, the applicant's parents or legal guardian(s), as applicable, confirms on behalf of the minor applicant) confirms and accepts the following conditions and declarations:

- (i) The applicant will only use the equipment for the intended purpose (being for training and/or competition purposes only).
- The applicant will promptly inform Malta Paralympic Committee if the equipment is no longer (ii) being used for the permitted purpose (either due to the applicant being no longer active in the sport or for any other reason whatsoever).
- (iii) The applicant will maintain and upkeep the equipment in good condition (save for ordinary wear and tear) and to use all reasonable care when using the equipment.
- (iv) The applicant will maintain all records (including invoices, receipt, guarantee, user manual, etc.) up to 6 years from the date they are notified of the outcome of their application and provide a copy to Malta Paralympic Committee and/or Sport Malta promptly upon request.
- The applicant has read and accepts the Para Sport Equipment Scheme Terms and Conditions, (v) available on the official websites of Malta Paralympic Committee and Sport Malta.

On an annual basis (or such other period as may be agreed in writing with Malta Paralympic Committee), the applicant shall submit the following to Malta Paralympic Committee, on the prescribed form (to be provided in due course):

- overview of training programme for the previous 12 months; (i)
- (ii) details of any local or international competitions in which the applicant participated;
- letter from coach/club confirming regular attendance in training; and (iii)
- photographic and videos confirming that the equipment is being used for the intended sporting (iv) purpose.





Data consent

By signing this form, the applicant confirms (or where, the applicant is a minor, the applicant's parents or legal guardian(s), as applicable, confirms on behalf of the minor applicant) that he/she is giving written consent to Malta Paralympic Committee and Sport Malta respectively to receive, store, retain, use, transfer, and process the information provided in this form, or other information that may be provided to the MPC and/or Sport Malta from time to time by the applicant and which constitutes personal data or personal sensitive data under the Data Protection Act, Cap. 586 of the laws of Malta (DPA) and/or the EU General Data Protection Regulation 2016/679 (GDPR), for compliance by MPC and/or Sport Malta with any legal obligations or on the basis of legitimate purposes of MPC and/or Sport Malta permitted under such applicable law, as well as for the following specific permitted purposes: (i) maintaining a database of contacts of MPC and/or Sport Malta; (ii) disseminating communications, updates, promotional materials, events or other information to the applicant; (iii) contacting the applicant to set up introductory meetings and maintaining ongoing contact thereafter; (iv) educational, statistical and research purposes; (v) general marketing and promotional activities of MPC and/or Sport Malta; (vi) accreditation and licensing for national or international sports competitions, training camps or other events; (vii) doping control purposes; and/or (viii) processing of data relating to your health in case health services or emergency health services are required (together, the **Permitted Purposes**). In addition, any photographic or videographic content relating to the use of the equipment in training and/or competition submitted by the applicant as part of the ongoing reporting obligations may be utilised by MPC and/or Sport Malta for any one or more of the Permitted Purposes.

You undertake to inform the MPC, in writing via email to **secretarygeneral@paralympic.mt**, with a copy to **info@paralympic.mt**, if you wish to withdraw your consent or to request a copy of any personal data or personal sensitive data in possession of MPC and/or Sport Malta from time to time.

Disclaimer of liability

By submitting this application form, the applicant (or, in the case of minors, their parent(s) or legal guardian(s), as applicable, who have signed this form) acknowledges and accepts that participation in sports inherently comes with its own risks (including but not limited to risks relating to personal injury or property) and that it is impossible to fully eliminate all risks, the impact of such risks and/or of the measures to address those risks relating to such participation. In view of the above risks, and by signing this form, the applicant (or, in the case of minors, their parent(s) or legal guardian(s), as applicable, who have signed this form) agrees and acknowledges that to the fullest extent permitted by law, the applicant (or, in the case of minors, their parent(s) or legal guardian(s) who have signed this form) hereby: (i) irrevocably discharges and releases Malta Paralympic Committee and Sport Malta and any of their respective administrators, officials, team delegates, volunteers, employees, agents and duly authorised representatives and, in each case, their respective successors (together *Personnel*); and (ii) agrees to waive any claims and hold harmless the MPC, Sport Malta and/or any Personnel from any liability; and (iii) shall not bring any claim against MPC, Sport Malta and/or any Personnel, in each case, for any kind of losses, injury or damages suffered, and reasonably expenses or costs incurred by the applicant or other third parties (together Losses), in relation to any acts (or omissions) undertaken by you as applicant in relation to the use of any equipment purchased via this scheme.





SIGNED BY APPLICANT:

Name:
ID card:
Date:
If signed by parent or legal guardians on behalf of the applicant, please sign here:
Name:
ID card:
Indicate if parent or legal guardian:
Date:

Please ensure this application form is accompanied with these supporting documents:*

1.	An official quote or invoice from the supplier of the equipment.	
2.	Technical specifications and photos of the equipment.	
3.	Declaration by the applicant that the prosthesis or other sport equipment/assistive device is necessary and can be used in the sport(s) concerned.	This declaration is provided by submitting the signed and duly completed application form.
4.	Letter from coach/club representative, confirming: (a) membership with sports club; (b) number of months in training and frequency of training; (c) competitions participated in selected sport(s).	

^{*} Please see Scheme terms and conditions for further details on the required supporting documents. For any queries, please contact Malta Paralympic Committee via email on info@paralympic.mt.





Annex 1 - Competitions and Results (please fill in if applicable)

Competitions in past 12 months:

Date	Competition name and location	Event and Result

Personal best(s) and Seasonal best(s)

Date	Event	Personal Best result	Seasonal Best result





Competitions you expect/plan to compete in the next 12 months:

Date	Competition name and location	Event and Result