# PEEP - Individuals July 2026
Form Preview

## Page 1

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### Personal Details

**Applicant** *
Title | First Name | Last Name

**Applicant Primary Address** *
Address

**Applicant Primary Phone Number** *
Must be an Australian phone number.

**Applicant Primary Email** *
Must be an email address.

**Date of Birth** *
Must be a date.

### Sport / Impairment

**What is the eligible health condition of the athlete. Multiple options may be selected if required** *
☐ Impaired Muscle Power (i.e. complete or incomplete spinal cord injury, spina bifida, muscular dystrophy)
☐ Impaired Passive Range of Movement (i.e. arthrogryposis, joint contracture)
☐ Limb Deficiency and/or Limb Length Difference (i.e. amputation, congenital limb deficiency, dysmelia)
☐ Short Stature (i.e. achondroplasia, growth hormone dysfunction, osteogenesis imperfecta)
☐ Coordination Impairments: Hypertonia, Motor Ataxia, Dyskinesia (i.e. cerebral palsy, traumatic brain injury, stroke, multiple sclerosis)
☐ Vision Impairment (i.e. retinitis pigmentosa, rod cone dystrophy, diabetic retinopathy)
☐ Intellectual Impairment (i.e. have restriction in intellectual functioning & adaptive behavior which effects conceptual, social and practical skills required for everyday life)
☐ Other:

**Please describe your impairment in your own words (i.e. single below knee amputee)** *

Must be no more than 150 characters.

**Summer Para Sport (If Applicable)**

- ☐ Blind Football
- ☐ Boccia
- ☐ Goalball
- ☐ Para Archery
- ☐ Para Athletics
- ☐ Para Badminton
- ☐ Para Canoe
- ☐ Para Climbing
- ☐ Para Cycling
- ☐ Para Equestrian
- ☐ Para Judo
- ☐ Para Powerlifting
- ☐ Para Rowing
- ☐ Para Swimming
- ☐ Para Table Tennis
- ☐ Para Taekwondo
- ☐ Para Triathlon
- ☐ Para Shooting
- ☐ Sitting Volleyball
- ☐ Wheelchair Basketball
- ☐ Wheelchair Fencing
- ☐ Wheelchair Tennis
- ☐ Wheelchair Rugby

**Winter Para Sport (If Applicable)**

- ☐ Para Alpine Skiing
- ☐ Para Biathlon
- ☐ Para Ice Hockey
- ☐ Para Nordic Skiing
- ☐ Para Snowboard
- ☐ Wheelchair Curling

**What is your current involvement in the sport related to the equipment request?** *

- ○ Compete in club activities or competition
- ○ Compete in regional or state competition
- ○ Compete in national competition
- ○ Compete in international competition
- ○ Recreational
- ○ Still rehabilitating following acquiring impairment
- ○ Not currently competing or participating in sport

**If you are Classified for any sport, please list the details (i.e. Para athletics T46 & F46, Wheelchair Basketball 3.0)**

Must be no more than 150 characters.

National Athlete Categorisation Framework (NACF)

**If you are Categorised by your sport and you know your current level of Categorisation, please provide** *
- ○ Representative
- ○ Emerging
- ○ Developing
- ○ Podium Potential
- ○ Podium Ready
- ○ Podium
- ○ I am catagorised, but don't know which level
- ○ I am not categorised

Athlete Categorisation is the HP sport mechanism for identifying the right athletes at each stage of the performance pathway. If you are unsure and want to find out more, please click the link to the NACF above.

**If you have an athlete profile, personal website, or social media account where you share your competition results, training, or para sport journey, feel free to include the link here. This helps us understand your involvement in the sport, but it's entirely optional and won't affect your application.**

## Page 2

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### Equipment

**What is the specific Para sport equipment you require & include name of supplier if applicable (i.e Wheelchair Basketball chair - high point chair from RGK)?** *

**What is the cost of the Para sport equipment you are requesting?** *

Must be a dollar amount.

**If you are requesting any additional Para sport equipment, please provide detail. Please also consider any additional spares which may be required for some equipment items (eg tubes, tires, pumps for sport chairs)**

**What is the cost of the additional equipment you are requesting?**

Must be a dollar amount.

**Outline your intended use for the Para sport equipment requested (up to 300 words).** *

Word count:
Must be no more than 300 words.

**Outline current or potential barriers that you experience without the equipment requested (up to 300 words).** *

Word count:
Must be no more than 300 words.

**Do you have the ability to appropriately store and maintain the Para sport equipment you are requesting? Please outline.** *

**Do you have an active NDIS plan?** *
- ○ Yes
- ○ No

**Have your requested funding support for the listed equipment through the NDIS or other 3rd party? (please detail)**

**Total cost of the Para sport equipment you are requesting** *

This number/amount is calculated.

**Outline why you believe the equipment requested is good 'value for money' (up to 300 words).** *

Word count:
Must be no more than 300 words.

## NDIS Information

**If this equipment has been requested through your NDIS plan and wasn't funded, we understand plan decisions don't always reflect the full picture of what's needed. You're welcome to upload any related correspondence (e.g. a planning meeting outcome, funding decision, or internal review letter) below. This isn't required, but it helps us understand the context of your request and may allow us to explore whether we can assist further.**
Attach a file:

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### Referee

**Referee 1** *
First Name Last Name

**Referee Position Description** *

**Referee Primary Phone Number**

Must be an Australian phone number.

**Referee Primary Email**

Must be an email address.

**Are you aware of any conflict of interest between the athlete, referee, or any other party and the supplier of the equipment listed in this application. If yes, please provide details below.** *
- ○ Yes
- ○ No

### Conflict Of Interest

**Please detail conflict of interest if present**

### Additional Comments

**Do you have any additional comments not captured in this application?**

Word count:
Must be no more than 300 words.

**If you have a quote or correspondence from a supplier detailing the cost of your request, please attach here or forward to equipment@paralympic.org.au**
Attach a file:

**Do you agree to participate in activity supporting the promotion and benefits of the program should your application be successful** *
- ○ Yes
- ○ No

**I have read the Para sport equipment guidelines in full?** *
- ○ Yes
- ○ No

**Do you agree to all terms & conditions as outlined in the PEEP guidelines? (Updated 01/07/2026)** *
- ○ Yes
- ○ No

## Final Details

**If an individual completed this application on behalf of the applicant, please provide details.**
First Name Last Name

**Phone Number**

Must be an Australian phone number.

**Email**

Must be an email address.