**Expression of Interest –Classifiers**

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| --- | --- |
| **Full Name** |  |
| **Address** |  |
| **Email** |  |
| **Phone** | **Home** | **Mobile**  |

|  |  |
| --- | --- |
| **Profession** |  |
| **Qualifications** |  |
| **What is your professional experience of working with people with a visual impairment?** |  |
| **Please outline any specialist areas you have in visual impairment** |  |
| **Please state your interest in relation to classification and Paralympic sport** |  |
| **Please state your availability to classify in the UK** |  |

**Please send the completed form to:** **iain.gowans@paralympics.org.uk**