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**WDBS Group 6A Player Eligibility – Endorsement Form**

This form should be completed by someone who is professionally-experienced in what does and does not constitute an intellectual (learning) disability and who is well-acquainted with the person named below for cases where there are no copies of evidence that can be obtained, in particular in the absence of a full-scale IQ Test.

Examples of appropriate endorsers are:

* Educational or Clinical Psychologist
* Medical Doctor or Geneticist
* Head Teacher
* Local intellectual (learning) disability team advisor (local authority)
* Manager of a care home
* CEO of an intellectual (learning) disability specific organisation
* Social Worker
* WPBSA Snooker Coach managing a snooker group for learning disability sector referrals

Accredited programme name:

Name of individual applying for membership:

Name of person completing this form:

Role / Occupation:

Organisation name:

Organisation address:

Post code:

Telephone:

Email:

Length of time individual known to the person completing this form: \_\_\_\_\_ years \_\_\_\_\_ months

I can confirm that (please tick):

☐ I have read and understand the WDBS Eligibility Criteria

☐ The above-named player DOES have an intellectual disability as defined in the WDBS Eligibility Criteria

☐ The above-named person DOES NOT meet the WDBS Eligibility Criteria

Please give more information about why you believe the player does OR does not meet the criteria. Please include any confirmed diagnosis, outline of support needs and impact on development, i.e. cognitive, language, motor and social abilities (and attach copies of any further relevant information if required):

Signature of person completing this form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Return this form to via email to: [bob.hill@wpbsa.com](mailto:bob.hill@wpbsa.com)

Or by post to: WDBS, 75 Whiteladies Road, Bristol, BS8 2NT