

Warrior Games 2019: Eligibility Process

Overview

To be considered for selection for the Warrior Games 2019, you will need to conform to the eligibility criteria below:

Application for the Warrior Games is open to Wounded, Injured and Sick participants from all branches of the regular or reserved Armed Forces of Participating Nations (PN) who have become ill or injured during, or as a direct consequence of their service.

The Help for Heroes Sports Recovery Team will complete the necessary eligibility checks with your support.

Veterans

1. You will need to complete the 'Veteran's Eligibility Form' before 20th January 2019.
2. In addition to submitting the completed form, you will need to attach supporting documentation that can confirm your injury/ illness **and** proof of service.

Some examples of this may be:

- Medical discharge letter
 - Confirmation of diagnosis from a medical professional that your injury/ illness was caused during, or was as a result of service
 - Confirmation of a War Pension, Invaliding Pension or AFCS GIP (Guaranteed Income Payment)
3. Once the form is complete and a copy of documentation sourced, please return to sportsrecovery@helpforheroes.org.uk or to Warrior Games - Sports Recovery, Help for Heroes, Tedworth House, Tidworth, SP9 7AJ.
 4. On acceptance of the completed form and approved supporting documentation, you will receive an 'Eligibility Confirmation' e-mail from the Sports Recovery Team.
 5. If you do not meet the eligibility criteria, unfortunately you will not be able to apply for the Warrior Games. However, please know that there is wider support available from Help for Heroes and the Royal British Legion; the detail of this will be included in an email.

Serving Personnel

1. You will need to complete a 'Serving Eligibility Form' before 20th January 2019.
2. Table A will need to be completed by you. This document should then be passed on to those in your Chain of Command who are supporting your recovery pathway (e.g. CO/OC/Welfare Officer/ Adjt, Divisional Officer / PRO) for them to complete the remainder with a verified unit stamp.
3. Once this is completed, please return to sportsrecovery@helpforheroes.org.uk or Sports Recovery, Help for Heroes, Tedworth House, Tidworth, SP9 7AJ.



4. On acceptance of accurate and completed documentation you will receive an 'Eligibility Confirmation' e-mail from the Sports Recovery Team.

If you do not meet the eligibility criteria, unfortunately you will not be able to apply for the Warrior Games. However, please know that there is wider support available from Help for Heroes and the Royal British Legion; the detail of this will be included in an email.

Please note, we cannot chase your unit for this information and unfortunately, we will not be able to progress your application for Warrior Games 2019 until this form is returned to us.

For further information on serving eligibility, please refer to the Defence Adaptive Sport and Adventurous Training DIN (2017DIN01-145), circulated within the Ministry of Defence.

Confidentiality

Please note that all information provided to us is treated as confidential and will not be shared with anyone outside of Help for Heroes Recovery and the Sports Recovery Team without your expressed permission.

Any data that you provide to us in order to confirm your eligibility will be kept securely in accordance with General Data Protection regulation and the Data Protection Act 2018. If you would like to know more about how Help for Heroes manages your personal data you can read our [Privacy Policy](#) on our website or request a copy from any member of the Invictus team.

Warrior Games 2019: Veteran Eligibility

Eligibility Criteria

To be considered for selection for the Warrior Games 2019, you will need to conform to the eligibility criteria below:

Application for the Warrior Games is open to Wounded, Injured and Sick participants from all branches of the regular or reserved Armed Forces of Participating Nations (PN) who have become ill or injured during, or as a direct consequence of their service.

Supporting Documentation

Please provide us with a document to support your application which can confirm your injury/ illness and proof of service.

Some examples of this may be;

- Medical discharge letter
- Confirmation of diagnosis from a medical professional
- War pension or disability pensions confirmation (AFCS or Veterans UK letter)

Please note that all information provided to us is treated as confidential and will not be shared with anyone outside of Help for Heroes Recovery and the Sports Recovery Team without your express permission.

Returning the Form

Please return this form and supporting documentation to sportsrecovery@helpforheroes.org.uk, or alternatively, please send a signed copy to:

Warrior Games, Sports Recovery
Tedworth House
Tedworth Park
Tidworth
Wiltshire
SP9 7AJ

If you have any questions or queries, please do not hesitate to call the team on 01980 844 270.

Applicant Information

| Section 1 - Personal Details: | | | | | | | | |
|---|---------------|-------------------------------|-------------|--|------------------------|------------------------------|--|-----|
| Surname: | | | | Forename(s): | | | | |
| Male | Female | Date of Birth: | | | National Insurance No: | | | |
| Address: Postcode: | | | | | | | | |
| Home No: | | | | Mobile No: | | | | |
| Email Address: | | | | | | | | |
| Emergency Contact Details (name, relationship, phone numbers): | | | | | | | | |
| GP Name: | | Address: | | | | Telephone No: | | |
| Section 2 – Veteran: | | | | | | | | |
| Are you? (Please tick). NB *indicates mandated fields | | | | | | | | |
| Service: | | | | | | | | |
| Army | Army Reserves | RN | RN Reserves | RM | RM Reserves | RAF | RAF Reserves | RFA |
| Service Number*: | | | | Former Rank*: | | | | |
| Enlistment Date*: | | | | Discharge Date*: | | | | |
| Were you Medically Discharged? | | Do you receive a War Pension? | | Do you receive an <i>ongoing</i> Armed Forces Compensation Scheme (AFCS) payment, i.e. a Graduated Income Payment? | | | | |
| Section 3 – Please provide brief details of injury or sickness obtained during or as a result of service: | | | | | | | | |
| We will ask you for official written confirmation of the information provided above. | | | | | | | | |
| Section 4 – Criminal convictions: Do you have any spent or unspent criminal convictions? | | | | | | | | |
| Yes | No | Prefer not to say | | | | | | |
| Section 5 – Do you need support or guidance about the following (please tick) | | | | | | | | |
| Housing | | Financial Assistance | | Psychological Support | | Health/Sleep | | |
| Substance misuse or addictions | | Training/Employment | | Sport/Leisure | | Relationships/Family Support | | |
| How did you hear about the support available from Help for Heroes? | | | | | | | | |
| Section 6 – Consent: | | | | | | | | |
| I give consent for Help for Heroes (H4H) to process my sensitive personal information in relation to medical conditions and/or criminal history and protect it in accordance with the Data Protection regulation. | | | | | | | Yes / No (please delete as appropriate) | |

| | | | |
|--|--|--|--|
| I give consent for H4H to share my information with other H4H teams and external organisations, including relevant health professionals, to support my recovery. | | Yes / No (please delete as appropriate) | |
| This signature is confirmation that all details are correct at the time of signing and I consent to the processing of my personal data. Any changes will be notified to a member of staff. | | | |
| Signature: | | Date: | |
| The personal data you have provided on this form will be used to assess eligibility and provide recovery services to you. You can read how we manage your personal data in our Privacy Policy on our website (www.helpforheroes.org.uk/about/our-policies/privacy-policy/) Where hard copy Recovery Support Forms are completed a Privacy Notice will be provided to you. | | | |



Warrior Games 2019: Serving Eligibility

Eligibility Criteria

To be considered for selection for the Warrior Games 2019, you will need to conform to the eligibility criteria below:

Application for the Warrior Games is open to Wounded, Injured and Sick participants from all branches of the regular or reserved Armed Forces of Participating Nations (PN) who have become ill or injured during, or as a direct consequence of their service.

Supporting Information for Chain of Command

For further information on serving eligibility, please refer to the Defence Adaptive Sport and Adventurous Training DIN (2017DIN01-145), circulated within the Ministry of Defence.

Returning the Form

Please return this form and supporting documentation to sportsrecovery@helpforheroes.org.uk, or alternatively, please send a signed copy to:

Warrior Games, Sports Recovery
Tedworth House
Tedworth Park
Tidworth
Wiltshire
SP9 7AJ

If you have any questions or queries, please do not hesitate to call the team on 01980 844 270.

Applicant Information

| Section 1 - Personal Details: | | | | | | | | |
|---|---------------|-------------------------------|----------------|-----------------------|--|------------------------------|--|-----|
| Surname: | | | | Forename(s): | | | | |
| Male | Female | | Date of Birth: | | | National Insurance No: | | |
| Address: Postcode: | | | | | | | | |
| Home No: | | | | Mobile No: | | | | |
| Email Address: | | | | | | | | |
| Emergency Contact Details (name, relationship, phone numbers): | | | | | | | | |
| GP Name: | | | Address: | | | | Telephone No: | |
| Section 2 – Serving: | | | | | | | | |
| Are you? (Please tick). NB *indicates mandated fields | | | | | | | | |
| Service: | | | | | | | | |
| Army | Army Reserves | RN | RN Reserves | RM | RM Reserves | RAF | RAF Reserves | RFA |
| Service Number*: | | | | Current Rank*: | | | | |
| Enlistment Date*: | | | | Discharge Date*: | | | | |
| Were you Medically Discharged? | | Do you receive a War Pension? | | | Do you receive an <i>ongoing</i> Armed Forces Compensation Scheme (AFCS) payment, i.e. a Graduated Income Payment? | | | |
| Section 3 – Please provide brief details of injury or sickness obtained during or as a result of service: | | | | | | | | |
| We will ask you for official written confirmation of the information provided above. | | | | | | | | |
| Section 4 – Criminal convictions: Do you have any spent or unspent criminal convictions? | | | | | | | | |
| Yes | No | Prefer not to say | | | | | | |
| Section 5 – Do you need support or guidance about the following (please tick) | | | | | | | | |
| Housing | | Financial Assistance | | Psychological Support | | Health/Sleep | | |
| Substance misuse or addictions | | Training/Employment | | Sport/Leisure | | Relationships/Family Support | | |
| How did you hear about the support available from Help for Heroes? | | | | | | | | |
| Section 6 – Consent: | | | | | | | | |
| I give consent for Help for Heroes (H4H) to process my sensitive personal information in relation to medical conditions and/or criminal history and protect it in accordance with the Data Protection regulation. | | | | | | | Yes / No (please delete as appropriate) | |

| | | | |
|--|--|--|--|
| I give consent for H4H to share my information with other H4H teams and external organisations, including relevant health professionals, to support my recovery. | | Yes / No (please delete as appropriate) | |
| This signature is confirmation that all details are correct at the time of signing and I consent to the processing of my personal data. Any changes will be notified to a member of staff. | | | |
| Signature: | | Date: | |
| The personal data you have provided on this form will be used to assess eligibility and provide recovery services to you. You can read how we manage your personal data in our Privacy Policy on our website (www.helpforheroes.org.uk/about/our-policies/privacy-policy/) Where hard copy Recovery Support Forms are completed a Privacy Notice will be provided to you. | | | |



Chain of Command Information

To be completed by the applicant's Chain of Command, CO, OC, Adjt, Welfare Officer, PRO or Divisional Officer.

| Section 1 - Personal Details: | |
|---|-------------|
| Rank: | Full Name: |
| Service: | Unit: |
| Work No: | Mobile No: |
| Email Address (Civilian): | |
| Section 2 – Confirmation | |
| <p>I can confirm that _____ is currently serving within my Unit and meets the eligibility criteria set out above to register for Warrior Games 2019 prior to discharge from Service.</p> <p>We are content that the individual stated above will be able to:</p> <ol style="list-style-type: none"> 1) Attend all training camps and team events 2) Receive support from our core medical team 3) If selected, attend the Warrior Games in June 2019 in Tampa, Florida. <p>We commit to the POC for Warrior Games related questions around this individual, and ensuring that any relevant/ required information is shared with the Sports Recovery Team in a timely manner.</p> | |
| Signature: | Unit Stamp: |
| Date: | |