

*National Deaf Rugby Organisation/Committee*

## **WDR QUESTIONNAIRE**

1. *Organisation/Committee* **Name** -

2. *Organisation/Committee* **Postal Address** -

3. *Organisation/Committee* **WDR Delegates:**

- Names -
- Email Addresses -

4. *Organisation/Committee* **Office Bearers:**

- President/Chair -
- Vice-President/Vice-Chair -
- Secretary -
- Treasurer -

5. Is your *Organisation/Committee* **formally registered** as an *Incorporated Association* or *Company* in your country?

6. Is your *Organisation/Committee* **recognised by or affiliated with your country's hearing Rugby Union?**

7. If your *Organisation/Committee* is **NOT recognised by your country's hearing Rugby Union:**

- Have you applied for recognition/affiliation?
- What was the result of your application?
- Are you planning to apply for recognition/affiliation?

8. Is your *Organisation/Committee* recognised by or affiliated with other Deaf sports organisations in your country?

9. Does your *Organisation/Committee* have a Constitution?

- If so, please send us a copy of your *Constitution*

10. What Level of Hearing Loss is required to qualify/be eligible to play Deaf rugby in your country?

PLEASE TYPE OR WRITE YOUR ANSWERS TO THE ABOVE QUESTIONS & EMAIL YOUR COMPLETED *QUESTIONNAIRE* TO THE *WDR* SECRETARY

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