



Australian Government

Australian Sports
Anti-Doping Authority

REINSTATEMENT REQUEST FORM

IMPORTANT NOTE FOR ATHLETES:

Please complete the "Athlete Information" section of this form in capital letters and forward to ASADA. Please ensure that each part of the Athlete Information section is completed. Incomplete forms will not be processed. ASADA will provide you with written confirmation of whether or not your reinstatement request has been accepted and, if accepted, the date/s that you are eligible to return to national and international competition. If you do not receive an official written confirmation please contact ASADA.

ASADA
PO Box 345
CURTIN ACT 2605

T: +61 (0)2 6206 0200
F: +61 (0)2 6206 0201
E: asada@asada.gov.au

ATHLETE INFORMATION (For completion by Athlete)

National Sporting Organisation (NSO): _____

First Name: _____ Last Name: _____

Postal Address: _____

Suburb: _____ State: _____ Post Code: _____

Residential Address (if different from postal address): _____

Suburb: _____ State: _____ Post Code: _____

Email Address: _____ Mobile Phone Number: _____

I hereby certify that I wish to end my retirement and return to competition and, as such, wish to be reinstated as an athlete and as a member of my NSO.

I hereby acknowledge that I am aware of and understand the rules regarding Retirement and Return to Competition (Reinstatement) in the anti-doping policy/ies that are relevant to me. In particular, I acknowledge that I must provide accurate and up-to-date whereabouts information, if requested to do so by ASADA.

Signature _____

Place and Date (dd/mm/yy) _____

CONFIRMATION OF ATHLETE STATUS (For completion by ASADA)

ASADA OFFICE USE ONLY:

Date fully completed ASADA Reinstatement Request Form received*: _____

Receiving officer: _____

Request approved by NSO Chief Executive Officer (please circle appropriate answer): Yes / No
(Please attach written response from NSO)

Date/s eligible to return to competition: Domestic: _____ International: _____

Written confirmation of reinstatement sent to:

- Athlete: Yes / No Date: _____
- NSO: Yes / No Date: _____
- International Federation: Yes / No / N/A Date: _____

***This will be the Athlete's reinstatement request date.**