



### IMPORTANT NOTE FOR ATHLETES

- **Please complete all sections of this form and forward to Sport Integrity Australia.** If you wish to compete in more than one sport, you must complete a separate **SIA Reinstatement Request Form** for each respective NSO/NSOD/Sport.
- On receipt of form, Sport Integrity Australia will provide you with written confirmation of your reinstatement

request and the date you are eligible to return to sport. **An incomplete form may delay your reinstatement request being processed.**

T: +61 (0)2 6222 4200

PO Box 1744, FYSHWICK ACT 2609

E: [athlete@sportintegrity.gov.au](mailto:athlete@sportintegrity.gov.au)

### ATHLETE INFORMATION (for completion by Athlete)

National Sporting Organisation (NSO) or National Sporting Organisation for People with Disability (NSOD):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth (dd/mm/yyyy): \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Residential Address (if different from postal address):

Suburb \_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Email Address: \_\_\_\_\_ Mobile Phone Number: \_\_\_\_\_

Current member of my sport Yes  No  Membership No. \_\_\_\_\_ Expiry date \_\_\_\_\_

Are you intending to compete or qualify to compete in National Events Yes  No

and/or 'International Events' Yes  No

List event(s) with the date of competition that you are intending to compete in or qualify for within the next 12 months.

I hereby certify that:

- I wish to end my retirement and return to active participation in sport, and, as such, wish to be reinstated as an athlete.
- I am aware that completing this Reinstatement Request Form does not carry with it automatic renewal of membership with my sport.
- I acknowledge that the Australian National Anti-Doping Policy (ANADP) and National Anti-Doping (NAD) scheme apply to me.
- I am aware of and understand the rules regarding Retired Athletes Returning to Competition (Reinstatement) as outlined in Article 5 of ANADP, the NAD Scheme, and any other Anti-Doping policies that are applicable to me.

Signature \_\_\_\_\_

Place and Date (dd/mm/yy) \_\_\_\_\_

### OFFICE USE ONLY CONFIRMATION OF ATHLETE STATUS (For completion by Sport Integrity Australia)

■ Date fully completed Reinstatement Request Form received: \_\_\_\_\_

■ Receiving officer: \_\_\_\_\_

■ NSO/NSOD given notice of Reinstatement: Yes  No

■ Membership status confirmed with NSO/NSO: Yes  No

■ Date/s eligible to return to competition: \_\_\_\_\_

■ Written confirmation of reinstatement sent to:

Athlete Yes  No  N/A  Date: \_\_\_\_\_

NSO/NSOD Yes  No  N/A  Date: \_\_\_\_\_

International Federation Yes  No  N/A  Date: \_\_\_\_\_