



IMPORTANT NOTE FOR ATHLETES

- Please complete the "Athlete Information" section of this form and forward to Sport Integrity Australia.
- Please ensure that each part of the Athlete Information section is completed. Incomplete forms will not be processed. Sport Integrity Australia 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 Sport Integrity Australia.

Sport Integrity Australia
 T: +61 (0)2 6222 4200
 F: +61 (0)2 6222 4201
 PO Box 1744
 Fyshwick ACT 2609
 E: 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: _____

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/NSOD. 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 Sport Integrity Australia.

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: _____

(NB This will be the Athlete's reinstatement request date)

■ Receiving officer: _____

■ Request approved by NSO/NSOD Chief Executive Officer: Yes No

(Please attach written response from NSO/NSOD)

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

■ 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: _____