

ATTACHMENT A

WHEREABOUTS FILING - REGULAR SCHEDULE FORM
REGISTERED TESTING POOL ATHLETES



Australian Government

Australian Sports
Anti-Doping Authority

PRIVACY STATEMENT: Please refer to the attached ASADA Athlete Privacy Information Notice

PERSONAL INFORMATION

QUARTER INFORMATION: (e.g. January to March 200X-0X)	
SURNAME:	FIRST NAME(S):
EMAIL:	DISABILITY: <i>Please include any relevant information on how this may require modifications to doping control process</i>
PHONE (H):	
PHONE (Mob):	
SPORT:	
DATE OF BIRTH:	GENDER: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

REGULAR DAILY RESIDENCE

Please list all daily accommodation addresses for the forthcoming quarter. Where the number of possible residences exceeds the spaces below, please add under additional information.

DAILY ACCOMODATION #1

STREET ADDRESS (number, street, suburb, state, postcode)	DATES
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DAILY ACCOMODATION #2

STREET ADDRESS (number, street, suburb, state, postcode)	DATES
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DAILY ACCOMODATION #3

STREET ADDRESS (number, street, suburb, state, postcode)	DATES
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REGULAR TRAINING VENUES

Please identify all daily training addresses for the forthcoming quarter. Where the number of possible venues exceeds the spaces below, please add under additional information. In the usual time available box, please list relevant days and times e.g. Mon Wed, and Fri, 8 am to 10am

TRAINING VENUE #1

STREET ADDRESS (number, street, suburb, state, postcode)	USUAL TIME AVAILABLE
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TRAINING VENUE #2

STREET ADDRESS (number, street, suburb, state, postcode)	USUAL TIME AVAILABLE
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OTHER REGULAR LOCATIONS

Please identify other regular location addresses (e.g. work, school etc) for the forthcoming quarter. Where the number of possible locations exceeds the allotted spaces below, please add under 'additional information'. In the "Usual Time Available" box list relevant times e.g. M W F 8am to 10am)

REGULAR LOCATION #1 TYPE (e.g. school, work):

STREET ADDRESS (number, street, suburb, state, postcode)	USUAL TIME AVAILABLE
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REGULAR LOCATION #2 TYPE (e.g. school, work):

STREET ADDRESS (number, street, suburb, state, postcode)	USUAL TIME AVAILABLE
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COMPETITION SCHEDULE

(Please list all competition planned for the forthcoming quarter and add rows as required.)

	COMPETITION NAME	SPECIFIC LOCATION (Including city, state, country and full address)	DATES (Start and Finish)
1			
2			

3			
4			
5			

ADDITIONAL INFORMATION

Please provide any relevant additional information below, or add as attachments.

CONSENT

By signing below I confirm that:

- I acknowledge that this form will be shared with other relevant anti-doping organisations in accordance with World Anti-Doping Code Article 14.6 and will only be used for doping control purposes.
- I am aware of what constitutes a *Filing Failure* and a *Missed Test* and the consequences associated with each of these *Whereabouts Failures*; namely that any combination of three filing failures and/or missed tests within an 18 month period may result in an Anti Doping Rule Violation.
- All of the above details are correct at the date of supplying and I commit to providing updates as they change.
- I am personally responsible for the provision of my whereabouts information regardless of whether I appointed a third party to act on my behalf.
- I have read and consent to ASADA using and disclosing my personal information in accordance with the Athlete Privacy Information Notice.

ATHLETE SIGNATURE: _____

DATE: _____

You may submit your quarterly Regular Schedule using any of the following methods:

- **Fax** to the designated ASADA Athlete Whereabouts fax (02) 6222 4210 (International +61 2 6222 4210).
- **Mail** to the designated ASADA Athlete Whereabouts PO Box – PO Box 339 Curtin ACT 2605.
- **Email** to designated ASADA Athlete Whereabouts email - Athlete.Whereabouts@asada.gov.au (Please note that this must come from an email address that you have submitted to ASADA via Whereabouts).