



**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 6222 4200  
 F: +61 (0)2 6222 4201  
 E: [asada@asada.gov.au](mailto: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.**