

Athletes Whereabouts Form
 Quarter 3 2018, July – September 2018



**НАЦІОНАЛЬНИЙ
 АНТИДОПІНГОВИЙ
 ЦЕНТР УКРАЇНИ**

Athlete Information

| | | |
|-------------------|--|---------------|
| SURNAME | | GENDER |
| FIRST NAME | | M / F |
| MIDDLE | | D.O.B. |
| EMAIL | | .../.../... |

Sport

| | |
|-------------------|--|
| SPORT | |
| DISCIPLINE | |

Where applicable, please state disability:

Address Information

| | MAILING ADDRESS* | RESIDENCE ADDRESS (if different from mailing address) |
|----------------------------|-------------------------|---|
| ADDRESS 1 | | |
| ADDRESS 2 | | |
| ADDRESS 3 | | |
| COUNTY | | |
| COUNTRY | | |
| PHONE/MOBILE NUMBER | | |

* All mail sent to this address will be deemed as received 5 working days after posting

Primary Training Location

| | |
|--------------------------|--|
| TRAINING LOCATION | |
| ADDRESS 1 | |
| ADDRESS 2 | |
| ADDRESS 3 | |
| COUNTY | |
| COUNTRY | |
| PHONE/MOBILE | |

Training Schedule

| | AM (e.g. 09:00-10:00) | PM (e.g. 16:00-17:00) |
|-----------|---------------------------------|---------------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Secondary Training Location

| | |
|--------------------------|--|
| TRAINING LOCATION | |
| ADDRESS 1 | |
| ADDRESS 2 | |
| ADDRESS 3 | |
| COUNTY | |
| COUNTRY | |
| PHONE/MOBILE | |

Training Schedule

| | AM (e.g. 09:00-10:00) | PM (e.g. 16:00-17:00) |
|-----------|---------------------------------|---------------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Athletes Whereabouts Form
 Quarter 3 2018, July – September 2018



**НАЦІОНАЛЬНИЙ
 АНТИДОПІНГОВИЙ
 ЦЕНТР УКРАЇНИ**

Other Regular Activities (e.g. work, college)

| | |
|---------------|--|
| ACTIVITY NAME | |
| ADDRESS 1 | |
| ADDRESS 2 | |
| ADDRESS 3 | |
| COUNTY | |
| COUNTRY | |
| PHONE/MOBILE | |

Schedule Information

| | AM (e.g. 09:00-10:00) | PM (e.g. 16:00-17:00) |
|-----------|--------------------------|--------------------------|
| Monday | | |
| Tuesday | | |
| Wednesday | | |
| Thursday | | |
| Friday | | |
| Saturday | | |
| Sunday | | |

Temporary Addresses/Activities

*Please include holidays, temporary training venues/accommodation
 Please attach additional details on a separate page, if necessary*

| ADDRESS | DATES AT THIS ADDRESS | TRAVEL DATES |
|---------|-----------------------|--------------|
| | | |
| | | |
| | | |
| | | |

Competitions

Please attach additional details on a separate page, if necessary

| COMPETITION NAME & LOCATION | ACCOMODATION ADDRESS | DATES AT THIS LOCATION | TRAVEL DATES |
|--------------------------------|-------------------------|---------------------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Athletes Whereabouts Form
Quarter 3 2018, July – September 2018



**НАЦІОНАЛЬНИЙ
АНТИДОПІНГОВИЙ
ЦЕНТР УКРАЇНИ**

One 60 Minute Time Slots (this section **must** be completed)

If this section it is not correctly filled out you may receive a formal warning for either a filing failure or a missed test and if you receive 3 formal warnings in a rolling 12 month period it may proceed to an anti-doping rule violation. See the NADC Anti-Doping Rules for further details. The one 60 minute time slot must be between 5am and 11pm.

| | One 60 Min. Time Slot | Location Name | | One 60 Min. Time Slot | Location Name | | One 60 Min. Time Slot | Location Name |
|-----|--------------------------|------------------|-----|--------------------------|------------------|------|--------------------------|------------------|
| Apr | | | May | | | June | | |
| 1 | | | 1 | | | 1 | | |
| 2 | | | 2 | | | 2 | | |
| 3 | | | 3 | | | 3 | | |
| 4 | | | 4 | | | 4 | | |
| 5 | | | 5 | | | 5 | | |
| 6 | | | 6 | | | 6 | | |
| 7 | | | 7 | | | 7 | | |
| 8 | | | 8 | | | 8 | | |
| 9 | | | 9 | | | 9 | | |
| 10 | | | 10 | | | 10 | | |
| 11 | | | 11 | | | 11 | | |
| 12 | | | 12 | | | 12 | | |
| 13 | | | 13 | | | 13 | | |
| 14 | | | 14 | | | 14 | | |
| 15 | | | 15 | | | 15 | | |
| 16 | | | 16 | | | 16 | | |
| 17 | | | 17 | | | 17 | | |
| 18 | | | 18 | | | 18 | | |
| 19 | | | 19 | | | 19 | | |
| 20 | | | 20 | | | 20 | | |
| 21 | | | 21 | | | 21 | | |
| 22 | | | 22 | | | 22 | | |
| 23 | | | 23 | | | 23 | | |
| 24 | | | 24 | | | 24 | | |
| 25 | | | 25 | | | 25 | | |
| 26 | | | 26 | | | 26 | | |
| 27 | | | 27 | | | 27 | | |
| 28 | | | 28 | | | 28 | | |
| 29 | | | 29 | | | 29 | | |
| 30 | | | 30 | | | 30 | | |
| 31 | | | 31 | | | | | |

Section 2

Please attach additional details on a separate page, if necessary. Remember to write your name on the additional sheets.

| LOCATION NAME | LOCATION ADDRESS | LOCATION NAME | LOCATION ADDRESS |
|---------------|------------------|---------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |



Athletes Whereabouts Forms Instructions

Why do I have to fill out this whereabouts form?

Out of competition testing (OOCT) can occur at any time and at any place (i.e. both in Ukraine and overseas). NADC makes every effort to ensure that testing is not inconvenient for the athlete being tested and for that reason prefers to carry OOCT either at an athlete's home or training venue. If an athlete does not return their whereabouts form by the stated deadline an athlete will receive a notification of a Filing Failure which may proceed to a Whereabouts Failure. If NADC attempt to locate an athlete during their nominated one hour window time slot an athlete will receive an apparent Missed Test notification which may proceed to a Whereabouts Failure. Three Whereabouts Failures in a rolling 12 month period may be deemed as Anti-Doping Rule Violation. Please note NADC may still test you outside the nominated one hour window time slot.

Page 1 of the Form

1. *Personal Information:* Insert your surname, first and middle name, circle gender, date of birth and e-mail address
2. *Sport:* Insert you sport and discipline and where applicable state your disability
3. *Mailing Address:* Please fill in the FULL address where you wish all correspondence to be sent. This is the address that Sport Ireland will forward all correspondence to. (If there are security codes into the building please indicate so and if possible supply them.)
4. *Residence Address:* If your mailing address is different from your residence please complete the Residence Address section. (If there are security codes into the building please indicate so and if possible supply them.)

It is very important that you inform us of any change of address (this includes moving to a new address for college or moving back home for holidays throughout the three months in question).

5. *Primary Training Location:* This is your main training venue (e.g. pool, track etc). Please fill out the name and FULL address of the location.
6. *Training Schedule:* Please indicate what times (e.g..7am-9am and 2pm-4pm) you will be present at Primary Training Location.
7. *Secondary Training Location:* If you have two or more training venues, please provide the same information as provided for Primary Training Location 1.
8. *Training Schedule:* Please indicate what times (e.g..7am-9am and 2pm-4pm) you will be present at Secondary Training Location.

Page 2 of the Form

9. *Other Regular Activities:* Please provide details of other regular activities e.g. Name of place of work or school or college. While we may not test you at these places, these details provide us with valuable information about your daily routine.
10. *Schedule Information:* Please indicate what times (i.e. 9am-5pm) you will be present at Regular Activity.
11. *Temporary Address/Activities:* Please fill in details of when you will be away from your permanent addresses e.g. training camps, holidays details and business trips.
12. *Competitions:* Please provide names and locations of competition and also accommodation address and dates of the competitions. Please also insert your travel dates.



Page 3 of the Form

13. *One 60 Minute Time Slots:* An athlete must include for each day during the quarter one specific 60-minute time slot between 5am and 11pm (i.e. the first slot is 5am-6am and the last time slot 60 would be 10pm-11pm) where you will be available and accessible for testing at a specific location. If Sport Ireland attempt to locate an athlete during their 60-minute time slot and the athlete is not available for testing then the athlete will receive a Missed Test notification which may proceed to a Whereabouts Failure. If you need to update this 60-minute time slot, you must advise the NADC before the one hour time slot begins.
14. *Section 2:* Insert the location name and address of the nominated location for the one 60 minute time slot.

All whereabouts forms should be returned to:

Postal address: 04112, Kyiv, street. Sikorsky, 8, of. 21.

Fax: +38044-456-12-66

E-mail: adams.nadc@gmail.com

Updates can be sent by e-mail to adams.nadc@gmail.com

Signature

By signing this form, I acknowledge that I have received and read the letter from the NADC notifying me that I have been designated for inclusion in NADC's Registered Testing Pool and that I understand and accept the responsibilities so imposed upon me to include compliance with the whereabouts requirements as set out in the NADC Anti-Doping Rules and in the letter of notification. I understand that I may be found to have committed an anti-doping rule violation should I fail to comply with these requirements which may result in the imposition of a sanction upon me of a minimum of one years' and up to two-years' ineligibility from participation in sport.

By signing this form, I acknowledge that I understand and consent to the following:

Personal data related to me will be processed by NADC which may include the collection, retention, storage, disclosure, transfer, transmission, amendment, deletion or other use of personal information. The processing may be done electronically, and may be disclosed and/or transmitted to the World Anti-Doping Agency and/or other anti-doping organisations that have the authority to test me, including those located outside the European Economic Area for processing by them as provided for in the NADC Anti-Doping Rules. The shared data may include:

- Data relating to my identity
- Data relating to my whereabouts
- Data relating to test distribution planning
- Data relating to my therapeutic use exemptions, if any
- Data relating to doping control, such as test distribution planning, sample collection and handling, laboratory analysis, results management, hearings and appeals.

Athlete Signature.....

Date:.....