

**The Irish Sports Council - Athletes Whereabouts Form**  
 Q2 2009 February -March 2009



**Personal Information**

<b>SURNAME</b>		<b>GENDER</b>
<b>FIRST NAME</b>		M / F
<b>MIDDLE</b>		<b>D.O.B.</b>
<b>EMAIL</b>		.../.../...

**Sport**

<b>SPORT</b>	
<b>DISCIPLINE</b>	

Where applicable, please state disability:

**Address Information**

	<b>MAILING ADDRESS*</b>	<b>RESIDENCE ADDRESS</b> (if different from mailing address)
<b>ADDRESS 1</b>		
<b>ADDRESS 2</b>		
<b>ADDRESS 3</b>		
<b>COUNTRY</b>		
<b>COUNTRY</b>		
<b>PHONE/MOBILE NUMBER</b>		

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

**Primary Training Location**

<b>TRAINING LOCATION</b>	
<b>ADDRESS 1</b>	
<b>ADDRESS 2</b>	
<b>ADDRESS 3</b>	
<b>COUNTRY</b>	
<b>COUNTRY</b>	
<b>PHONE/MOBILE</b>	

**Daily Schedule**

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

**Secondary Training Location**

<b>TRAINING LOCATION</b>	
<b>ADDRESS 1</b>	
<b>ADDRESS 2</b>	
<b>ADDRESS 3</b>	
<b>COUNTRY</b>	
<b>COUNTRY</b>	
<b>PHONE/MOBILE</b>	

**Daily Schedule**

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



**The Irish Sports Council - Athletes Whereabouts Form**  
**Q1 2009 February -March 2009**



**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 18 month period it may proceed to an anti-doping rule violation. See the Irish Anti-Doping Rules for further details. The one 60 minute time slot must be between 6am and 11pm.*

	One 60 Min. Time Slot	Location Name		One 60 Min. Time Slot	Location Name
<b>Feb</b>			<b>Mar</b>		
1			1		
2			2		
3			3		
4			4		
5			5		
6			6		
7			7		
8			8		
9			9		
10			10		
11			11		
12			12		
13			13		
14			14		
15			15		
16			16		
17			17		
18			18		
19			19		
20			20		
21			21		
22			22		
23			23		
24			24		
25			25		
26			26		
27			27		
28			28		
29			29		
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

# The Irish Sports Council - Athletes Whereabouts Form

## Q2 2009 February -March 2009



### 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 Ireland and overseas). The Irish Sports Council (ISC) 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 the Council 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 eighteen month period may be deemed as Anti-Doping Rule Violation. Please note the Council 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 your 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 the Council 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. *Daily 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. *Daily 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/Activity:* 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 6am and 11pm (i.e. the first slot is 6am-7am and the last time slot 60 would be 10pm-11pm) where you will be available and accessible for testing at a specific location. If the Council attempt to locate an athlete during their 60-minute time slot an 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 Anti-Doping Unit ASAP and 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:**

The Anti-Doping Unit, Irish Sports Council, Top Floor, Block A, West End Office Park, Blanchardstown, Dublin 15. Phone: 01 8608832 Fax: 01 8608860 E-mail: [antidoping@irishsportsCouncil.ie](mailto:antidoping@irishsportsCouncil.ie) . Updates can be sent by e-mail to [antidoping@irishsportsCouncil.ie](mailto:antidoping@irishsportsCouncil.ie), by phone 01-860 8832 or by text 087 2287443. For further information on whereabouts, please see the information leaflet on whereabouts on [www.irishsportsCouncil.ie](http://www.irishsportsCouncil.ie)

### **Signature**

I understand, agreed and consent to the sharing of my whereabouts form to other Anti-Doping Organisations that have authority to test me.

Athlete Signature..... Date:.....