



AUSTRALIAN POWERLIFTING LEAGUE THERAPEUTIC USE EXEMPTION APPLICATION FORM

PLEASE NOTE: Hormone replacements will not be granted a TUE

Please complete ALL sections in CAPITALS or typing. Illegible or incomplete applications will NOT be processed and will be returned.

1. ATHLETE INFORMATION

SURNAME:	
GIVEN NAME:	
GENDER:	
DATE OF BIRTH (DD/ MM/YY):	
ADDRESS:	
SUBURB:	
STATE:	
POSTCODE:	
COUNTRY:	
PHONE:	
EMAIL:	
If you are an athlete with an impairment, please indicate the impairment:	

2. PREVIOUS APPLICATIONS

Have you submitted any previous TUE application(s) to any Anti-Doping Organisation for the same condition?

If yes, please attach any current or relevant TUE(s) to this application or please fill out the following information in relation to those applications:

For which substance(s) or method(s)?

To whom?

When?

Decision:

Approved or Not Approved

3. (a) IN-ADVANCE APPLICATIONS

Are you applying due to:

Starting a new medication or

A change in your level of competition, meaning that you now require an in advance TUE for a medication you are already using.

(b) RETROSPECTIVE APPLICATIONS

Is this a retrospective application?

Yes or No

If Yes, on what date was the treatment started?

Do any of the following exceptions apply?

You required emergency or urgent treatment of a medical condition.

There was insufficient time, opportunity or other exceptional circumstances that prevented you from submitting the TUE application, or having it evaluated, before getting tested.

You tested positive after using a substance Out-of-Competition that was only prohibited In-Competition

Please explain and if necessary, attach further documents:

If the retrospective request is for a substance/method detected as a result of doping control, please state:

Date of sample collection:

Substance(s)/method(s) detected:

MEDICAL PRACTITIONER TO COMPLETE SECTIONS 4, 5 AND 6.

4. MEDICAL INFORMATION (please attach relevant medical documentation)

DIAGNOSIS

5. MEDICATION DETAILS

	Prohibited Substance(s)/ Method(s) Generic name(s)	Dosage	Route of Administration	Frequency	Duration of Treatment	Date Medication Commenced
1						
2						
3						
4						

6. MEDICAL PRACTITIONER'S DECLARATION

I certify that the information in sections 4, 5 and 6 is accurate. I acknowledge and agree that my supplied contact details may be used by the Australian Powerlifting League (APL) to contact me regarding this Therapeutic Use Exemption (TUE) application, to verify the professional assessment in connection with the TUE process, or in connection with the APL Banned Substance List and/or the APL Drug Testing Policy.

NAME:

MEDICAL SPECIALTY:

REGISTRATION NUMBER:

REGISTRATION BODY:

ADDRESS:

SUBURB:

STATE:

POSTCODE:

PHONE:

EMAIL:

SIGNATURE:

DATE:

7. ATHLETE'S DECLARATION

I, _____, certify that the information set out at sections 1, 2, 3a, 3b and 7 is accurate and complete.

I authorise my physician(s) to release the medical information and records that they deem necessary to evaluate the merits of my TUE application to the following recipients: the Australian Powerlifting League (APL) responsible for making a decision to grant, reject, or recognise my TUE; and, if needed to assess my application, other independent medical, scientific or legal experts. These people are subject to a professional or contractual confidentiality obligation.

I further authorise APL to release my complete TUE application, including supporting medical information and records, to other ADO(s) and WADA for the reasons described above, and I understand that these recipients may also need to provide my complete application to their TUEC members and relevant experts to assess my application.

I consent to my physician(s) releasing to the above persons any health information that they deem necessary in order to consider and determine my application.

I understand that my information will only be used for evaluating my TUE request and in the context of potential anti-doping rule violation investigations and procedures. I understand that if I ever wish to (1) obtain more information about the use of my health information; (2) exercise my right of access and correction; or (3) revoke the right of these organisations to obtain my health information, I must notify my medical practitioner and APL in writing of that fact. I understand and agree that it may be necessary for TUE-related information submitted prior to revoking my consent to be retained for the sole purpose of establishing a possible anti-doping rule violation, where this is required by the APL; or to establish, exercise or defend a legal claim involving me, and/or APL.

I consent to the decision on this application being made available to all ADOs, or other organisations, with Testing authority and/or results management authority over me.

I understand and accept that the recipients of my information and of the decision on this application may be located outside the country where I reside. In some of these countries data protection and privacy laws may not be equivalent to those in my country of residence.

I understand that if I believe that my Personal Information is not used in conformity with this consent and the National Standard for the Protection of Privacy and Personal Information, I can file a complaint to the Office of the Australian Information Commissioner for data protection in Australia.

I understand that the entities mentioned above may rely on and be subject to national anti-doping laws that override my consent or other applicable laws that may require information to be disclosed to local courts, law enforcement, or other public authorities.

I have read and understood the APL Privacy Policy explaining how my personal information will be processed in connection with my TUE application, and I accept its terms.

SIGNATURE:	
DATE:	

If the Athlete is a Minor or has an impairment preventing him/her signing this form, a parent or guardian shall sign on behalf of the Athlete.

SIGNATURE:	
DATE:	

Please email your completed application and supporting medical information as a PDF document to hr@aplpowerlifting.com.

Please keep a copy of any documents submitted for your records.

TUE Privacy Notice

This Notice describes the personal information processing that will occur in connection with your submission of a TUE Application.

TYPES OF PERSONAL INFORMATION (PI)

- The information provided by you or your physician(s) on the TUE Application Form (including your name, date of birth, contact details, sport and discipline, the diagnosis, medication, and treatment relevant to your application);
- Supporting medical information and records provided by you or your physician(s); and
- Assessments and decisions on your TUE application by APL and their TUE Committees and other TUE experts, including communications with you and your physician(s), relevant ADOs or support personnel regarding your application.

PURPOSES & USE

Your PI will be used in order to process and evaluate the merits of your TUE application in accordance with the International Standard for Therapeutic Use Exemptions. In some instances, it could be used for other purposes in accordance with the World Anti-Doping Code (Code), the International Standards, and the antidoping rules of ADOs with authority to test you. This includes:

- Results management, in the event of an adverse or atypical finding based on your sample(s) or the Athlete Biological Passport; and
- In rare cases, investigations, or related procedures in the context of a suspected Anti-Doping Rule Violation (ADRV).

TYPES OF RECIPIENTS

Your PI, including your medical or health information and records, may be shared with the following:

- ADO(s) responsible for making a decision to grant, reject, or recognize your TUE, as well as their delegated third parties (if any). The decision to grant or deny your TUE application will also be made available to ADOs with testing authority and/or results management authority over you;
- WADA authorized staff;
- Members of the TUE Committees (TUECs) of each relevant ADO and WADA; and
- Other independent medical, scientific or legal experts, if needed.

Note that due to the sensitivity of TUE information, only a limited number of APL staff will receive access to your application. APL must handle your PI in accordance with the Privacy Act 1988. You may also consult APL to obtain more details about the processing of your PI.

FAIR & LAWFUL PROCESSING

When you sign the Athlete Declaration, you are confirming that you have read and understood this

TUE Privacy Notice. Where appropriate and permitted by applicable law, ADOs and other parties mentioned above may also consider that this signature confirms your express consent to the PI processing described in this Notice.

Alternatively, ADOs and these other parties may rely upon other grounds recognised in law to process your PI for the purposes described in this Notice, such as the important public interests served by anti-doping, the need to fulfill contractual obligations owed to you, the need to ensure compliance with a legal obligation or a compulsory legal process, or the need to fulfill legitimate interests associated with their activities.

RIGHTS

You have rights with respect to your PI under the Privacy Act 1988 including the right to a copy of your PI and to have your PI corrected, blocked or deleted in certain circumstances. You may have additional rights under applicable laws, such as the right to lodge a complaint with the Office of the Australian Information Commissioner, the privacy regulator in Australia.

Where the processing of your PI is based on your consent, you can revoke your consent at any time, including the authorisation to your physician to release medical information as described in the Athlete Declaration. To do so, you must notify APL and your physician(s) of your decision. If you withdraw your consent or object to the PI processing described in this Notice, your TUE will likely be rejected as APL will be unable to properly assess it in accordance with the APL Banned Substance List and the APL Drug Testing Policy.

In rare cases, it may also be necessary for APL to continue to process your PI to fulfil obligations under the APL Banned Substance List and the APL Drug Testing Policy, despite your objection to such processing or withdrawal of consent (where applicable).

SAFEGUARDS

All the information contained in a TUE application, including the supporting medical information and records, and any other information related to the evaluation of a TUE request must be handled in accordance with the principles of strict medical confidentiality.

CONTACT

Consult info@aplpowerlifting.com for questions or concerns about the processing of your PI.