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| **A.** | **GENERAL IDENTIFICATION** *(Please provide contact information by completing Appendix A located at the end of this form)* |
| **1.** | ***Appellant***  |
|  | Name of the organization (if applicable): |       |
|  | Surname: |       | First Name: |       |
| **2.** | ***Appellant’s* Authorized Representative** (i.e. lawyer, coach, parent, etc.)*.* *MANDATORY if the Person is considered a minor under the laws of his/her province of residence.* |
|  | Surname: |       | First Name: |       |

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| **B.** | ***APPELLANT’S* STATEMENT** |
| **3.** | **Please identify which decision you wish to appeal through this notice of appeal.** |
|  | [ ]  | Appeal of the SDRCC *Doping Tribunal* decision in case number: | SDRCC DT      \_\_\_\_\_\_\_\_\_ |
|  |  | **OR** |
|  | [ ]  | Appeal of the CCES Therapeutic Use Exemption Committee decision (*please attach decision*). |
|  |  | **OR** |
|  | [ ]  | Appeal of another CCES decision rendered in the application of the *Canadian Anti-Doping* *Program* (*please attach decision*). |
|  | Date at which the decision was rendered: |       |

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| **4.** | **Please briefly indicate the grounds of your appeal.** |
|  | [ ]  | Suspected procedural errors or unfairness made by the *Doping Tribunal;* |
|  | [ ]  | Failure to properly interpret and apply the *Canadian* *Anti-Doping Program*. |
|  | Reasons: |       |
|  |       |
| **5.** | **Please describe the solution that you are looking for from the SDRCC and the conclusion sought. Please name possible solutions, in your opinion, to resolve this dispute.** |
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|  |       |

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| **C.** | **FORMAT OF THE PROCEDURES** |
| **6.** | **Please indicate your preferred format for the procedures.** |
|  | [ ]  | Documentary Review |  |  |  |
|  | [ ]  | Conference Call |  |  |  |
|  | [ ]  | Videoconferencing |  |  |  |
|  | [ ]  | In-Person Meeting; | Specify location: |       |
|  | [ ]  | Other, specify: |       |
| **7.** | **Please indicate any other request or consideration that should be taken into account in the enforcement of the SDRCC procedures.** |
|  |       |

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| **D.** | **APPOINTMENT OF THE *PANEL*** |
| **8.** | **From the SDRCC list available on its website at** [**http://www.crdsc-sdrcc.ca/eng/dispute-resolution-arbitrators#AT**](http://www.crdsc-sdrcc.ca/eng/dispute-resolution-arbitrators#AT)**, please indicate your choices for one *Arbitrator*, by order of preference, to sit on the *Appeal Panel*.** |
|  | 1. |       |  |  |  |
|  | 2. |       |  |  |  |
|  | 3. |       |  |  |  |
|  | You may contact the SDRCC if you need assistance with your choice. |

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| **E.** | **URGENCY** |
| **9.** | **If there is an urgency to resolve the dispute, please indicate the absolute deadline by which it must be resolved and provide the reasons justifying an expedited procedure.**  |
|  | Deadline: |       |  |  |
|  | Reasons: |       |
|  |       |
|  |       |

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| **F.** | **SDRCC OBSERVER PROGRAM** |
| **10.** | **The SDRCC Observer Program is a professional development opportunity offered to SDRCC arbitrators and mediators to observe proceedings conducted by their peers. Program participants are bound by *the same confidentiality rules* as appointed arbitrators and mediators and *may not discuss the case* with the appointed arbitrators or mediators until the case is closed. Observers will have access to all documents and personal information contained on the Case Management Portal for the case. The Program will not be run if one of the parties does not consent to it.**  |
|  | [ ]  | I accept that proceedings in my case be observed by other SDRCC mediators or arbitrators |
|  | [ ]  | I refuse that proceedings in my case be observed by other SDRCC mediators or arbitrators |

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| **G.** | **DECLARATION AND SIGNATURE** |
| **Any notice of appeal filed with the SDRCC has to be signed by the *Appellant* or, if the *Person* is considered a minor in his/her province of residence, his/her parent or legal guardian. The disregard of the SDRCC deadlines by *Parties* will in no way stop the hearing from proceeding nor the decision to be issued by the appointed *Arbitrator(s)*.** |
| I, the undersigned, file this notice of appeal under the provisions of the Canadian Sport Dispute Resolution Code; |
| I, the undersigned, recognize that it is my responsibility to read and be aware of the applicable SDRCC rules and I agree in writing to observe them. I further agree and take full responsibility to ensure that my authorized representative(s), if any, will comply with the applicable rules regarding confidentiality and I further agree that I will be responsible for any breaches which may occur on the part of my authorized representative(s); I, the undersigned, understand and accept that the SDRCC’s *Appeal Panel* decisions are final and binding and may not be appealed; I, the undersigned, understand and accept that the SDRCC collects, uses and discloses personal information in respect of parties to SDRCC proceedings and their authorized representative(s) in compliance with the SDRCC’s *Protection of Privacy Policy*, as amended from time to time, in particular, personal information that is necessary for its operations and for the purpose of my participation in the SDRCC’s dispute resolution services. I, the undersigned, consent to:1. My personal information and that of my authorized representative(s), including last names, given names and email addresses be collected, used and shared with other individuals involved in this proceeding;2. The collection, use and disclosure of certain personal information and/or sensitive information including, but not limited to, health information and criminal offences obtained through the evidentiary record and submissions filed in the course of dispute resolution proceedings, as outlined in the SDRCC’s *Protection of Privacy Policy*; and to3. The collection and use of my personal information, in particular, IP addresses, sections of the Case Management Portal consulted and information downloaded, for the purposes of troubleshooting technical issues with the Case Management Portal and detecting possible fraudulent attempted use. |
| Name: |       | Title: |       |

|  |  |  |  |
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| Signature: |  | Date: |       /       /      |

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|  |  |  | Day / Month / Year |
| **Signature of the Authorized Representative of the *Appellant*:** |
| Name: |       | Title: |       |
| Signature: |  | Date: |       /       /      |

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|  |  |  | Day / Month / Year |

**Please provide your contact information.**

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| ***Appellant*** |
| Surname: |       | First Name: |       |
| Telephone(s): | Home: |       | Cellular: |       |
|  | Work: |       |  |  |
| Email Address: |       | or |       |
| Primary time zone from which you will join telephone proceedings: |
| [ ]  | *Pacific (most of British Columbia and Yukon)* | [ ]  | *Eastern (most of Ontario and Quebec, and part of Nunavut)* |
| [ ]  | *Mountain (Alberta, Northwest Territories and parts of British Columbia and Nunavut)* | [ ]  | *Atlantic (New Brunswick, Nova Scotia, Prince Edward Island, Labrador)* |
| [ ]  | *Central (Manitoba, Saskatchewan and parts of Ontario and Nunavut)* | [ ]  | *Newfoundland (Island of Newfoundland)* |
| **Authorized Representative of the *Appellant*** (i.e. lawyer, coach, parent, etc.) *MANDATORY if the Person Filing the Notice of Doping Appeal is considered a minor under the laws of his/her province of residence.* |
| Surname: |       | First Name: |       |
| Telephone(s): | Home: |       | Cellular: |       |
|  | Work: |       |  |  |
| Email Address: |       | or |       |