



## ANTI-DOPING EDUCATION - WORKSHOP REQUEST FORM

**Please read this document carefully.  
Only page three should be returned to us.**

**Q HOW DO I GO ABOUT REQUESTING A WORKSHOP ON ANTI-DOPING?**

A Contact Dr. Amanda Claassen-Smithers, Education Manager for The SA Institute for Drug-Free Sport (SAIDS) by e-mail at [Amanda@drugfreesport.org.za](mailto:Amanda@drugfreesport.org.za) and copy [tatum@drugfreesport.org.za](mailto:tatum@drugfreesport.org.za) or call the SAIDS office on 0861 072 437 or Cell phone: 060 997 3191.

**Q HOW DO I CHOOSE THE DATES & TIMES FOR A WORKSHOP TO BE PRESENTED?**

A Dates & times are to be determined by you in collaboration with the Education Team, led by Dr. Amanda Claassen-Smithers. We will do everything in our power to give you your first choice but please give us at least THREE dates to choose from.

**Q WHO SHOULD ATTEND THESE WORKSHOPS?**

A Anyone interested really. Although it is recommended that the most important persons are your top tier athletes (of any sport code), your sports administrators and your coaching personnel.

**Q IS THERE A MINIMUM OR MAXIMUM NUMBER OF PEOPLE NEEDED FOR THE WORKSHOP?**

A In order for the workshops to have maximum impact, the minimum number of participants is 30 and the maximum 60.

**Q WHAT IS THE LENGTH OF THE WORKSHOP?**

A The workshop is two hours long, inclusive of group work and question time. (Also see workshop content below).

**Q WHAT DOES IT COST TO HAVE A WORKSHOP PRESENTED?**

A There is no cost for these workshops. All costs are borne by SAIDS including the following:

- ▶ All liaison/organizing prior to the workshop
- ▶ Two facilitators
- ▶ All workshop literature/education material
- ▶ All “giveaways” – branded merchandise used as “prizes” for participant interaction
- ▶ Facilitators’ travel & accommodation expenses

**Q WHAT DO I HAVE TO PROVIDE/DO IN ORDER FOR THE WORKSHOP TO BE PRESENTED?**

A You would have to do the following, please:

- ▶ Provide the contact details of the liaison/contact person - e-mail and telephone number;
- ▶ Organize and make sure your participants are present on the date and time agreed upon by yourselves and the SAIDS Education Team;
- ▶ Let us know the number of participants we need to prepare for;
- ▶ Organize a venue that has AUDIO/VISUAL facilities (at the very least a data projector with a screen and speakers, or a television with sound) as there is a PowerPoint presentation as well as a 18-minute documentary that need to be played;
- ▶ A Public Address (PA) system inclusive of a microphone especially if the number of participants is close to 60 people;

- ▶ Snacks for your participants (optional)

**Q WHAT IS THE ACTUAL CONTENT OF THE WORKSHOP?**

A At the conclusion of the workshop, participants should:

- ▶ Understand who the SA Institute for Drug-Free Sport (SAIDS) is;
  - ▶ Understand the context within which SAIDS works;
  - ▶ Understand the spirit and ethics of sport;
  - ▶ Understand the campaign: "I PLAY FAIR. SAY NO TO DOPING";
  - ▶ Understand how the anti-doping code applies to their sport code as athlete/coach/manager/parent;
  - ▶ Understand doping control and its procedures;
  - ▶ Understand the dangers of doping,
  - ▶ Understand Frequently Asked Questions on doping;
  - ▶ Understand Therapeutic Use Exemptions;
  - ▶ Understand the Registered Testing pool (RTP) and athletes whereabouts
  - ▶ Understand what are banned substances and permitted substances in sport;
  - ▶ Understand how to deal with substance abusers;
  - ▶ Understand the position of SAIDS on Supplement usage;
  - ▶ Understand where to go should participants need help with doping issues;
  - ▶ Ask relevant & related questions
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- ▶ Make recommendations to SAIDS that could possibly assist in further education programmes
  - ▶ PLEASE NOTE: There will also be a session for group work to discuss the doping issues, questions & recommendations per group

Sincerely,

Dr. Amanda Claassen-Smithers

**SAIDS Anti-Doping Education Manager**

Amanda@drugfreesport.org.za

Office: 0861 072 437

Cell: 060 997 3191

## SAIDS Anti-Doping Workshop Request

**NAME OF YOUR ORGANIZATION:**

**PHYSICAL ADDRESS:**

**POSTAL ADDRESS (IF DIFFERENT):**

**CONTACT PERSON:**

**CONTACT TELEPHONE NUMBER(S):**

**E-MAIL ADDRESS:**

**3 POSSIBLE DATES FOR WORKSHOP:**

**PREFERABLE TIMES (we need 2 hours):**

**NUMBER OF PARTICIPANTS (60 Max.):**

(Please Tick)

..... **YES, we are able to provide all the facilities as requested on page one above.**

..... **NO, we are not able to provide all the facilities as requested on page one above.**

**ANY SPECIAL REQUESTS:**