**OUTGOING CROSS BORDER MATCH APPLICATION**

THIS FORM MUST BE COMPLETED IN FULL AND SENT TO SCRFU SECRETARY (caroline.holt@somersetrfu.co.uk) AS SOON AS POSSIBLE AND IDEALLY NOT LESS THAN ONE MONTH PRIOR TO THE START OF THE PROPOSED MATCH.

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| ***Name of Somerset Club:***  |

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| ***Somerset Club Official Responsible for Organising Fixture:***  ***Name:*** ***Telephone Number:******Email:******Position in Club:*** |

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| ***Cross Border Host Club Details:******Name Club:******Clubs Union:*** |

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| ***Host Clubs Official Responsible for Organising Fixture:******Name:******Telephone Number:******Email:*** ***Position held within Club:*** |

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| ***Match Details:*** *NB. The Union that you intend to visit may have different regulations (for example regulations relating to age-grades), adopt different age branding or be trialling different law variations. In advance of the tour, clubs should ensure that they are aware of the Rules and Regulations applicable in that Union and communicate with the opposition to ensure a balanced and safe match.* ***Date:*** ***Venue:***  ***Age Group:***  |

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| ***Composition of Team:*** Number of Players: Number of Coaches: Are **ALL** the Coaches DBS checked if travelling with players under 18? *Please refer to RFU Safeguarding Policy [page 13] for the appropriate ratio of DBS checked adults to players*  |

***CROSS BORDER HOST UNION’S APPROVAL:***

It is the responsibility of the HOST CLUB to obtain the approval of the Host Union. It is the **Somerset Club’s** responsibility to ensure that CB approval is granted prior to travelling.

Approval from Somerset RFU will be subject to you obtaining the Cross-Border Host Union’s approval and the CB may withhold approval until such time as it is provided with written confirmation of the Host Union’s approval.

***Somerset RFU Club Declaration:***

 ***On behalf of*** *(Name of Club)* ***I hereby confirm that:***

(a) All Players are covered by the appropriate insurance with adequate cover for rugby activity, travel and any other non-rugby activities undertaken, including legal, medical costs.

***INSURANCE:*** *While insurance for travel and medical costs is not always necessary for matches in other Home Unions, it is suggested that clubs seek advice from an insurance advisor on what additional insurance may be appropriate, depending on the destination and method of travel.*

(b) All activity will comply and be played in accordance with RFU Regulations, IRB Regulations and IRB Laws of the Game as appropriate to the Host Union.

(c) The Club agrees that the RFU or CB shall have the power to take disciplinary action in relation to players and other personnel in respect of all matches involving its Clubs, regardless of whether the match is played in England or in another Union.

(d) The Club has completed a Risk Assessment and that the Touring with Children and Vulnerable Adults Guide has been followed in relation to all age-grade matches.

(e) The information and statements set out in this form are true and correct.

(f) The club committee fully endorses this match application.

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| Signature of Club Secretary/Chair/President: PRINT NAME AND TITLE:Date:  |

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| CONSTITUENT BODY APPROVAL [SCRFU] Signature of Hon Secretary or other authorised official: PRINT NAME AND TITLE: Date: |

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| CONDITIONS OF BLANKET APPROVAL for multiple fixtures [if relevant] *NB. RFU Regulation 10.5(d) and 10.6(b) permits CBs to provide approvals on a blanket, pre-approval basis for a match or series of matches as the CB determines in its absolute discretion is appropriate.* ***SCRFU may withdraw such blanket approval at any time should there be any disciplinary, safeguarding, player welfare or any other concerns within the club.*** ***If blanket approval is required, the club should request this by email to County Office at the beginning of each season with details of any known fixtures at the time of application.***  |