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|  | **Scottish Rugby Transgender Age Grade Application Form** |

**This form is intended for people under the age of 18 to apply to play in the gender category which differs from that associated with the sex assigned to them at birth (a separate form is available for adult players). The form should be completed with reference to Scottish Rugby’s *Transgender Policy*, including the Eligibility Criteria set out within it. Scottish Rugby’s *Transgender Policy* is available** [**here**](https://www.scottishrugby.org/rules-and-regulations/player-welfare/transgender)**.**

*Players who recognise themselves as transgender or non-binary are encouraged to contact Scottish Rugby to discuss their specific case. Whilst each application will be considered individually, there are eligibility criteria which will apply.*

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| **Applicant Details** | |
| **Forename**: | **Surname**: |
| **Preferred name**: | **Club or Education Institution**: |
| **Home address**: | **Scottish Rugby Player Reg. No.**: |
| **Date of birth**: | **Sex Assigned at Birth**: |
| **Height**: | **Weight**: |
| **Gender Identity**: | **Gender Category of Rugby applied for**:  Male / Female *(Delete one option)* |
| **Email**: | **Contact telephone number**: |

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| **Parent / Legal Guardian**  *(To be completed where the player is under the age of 16 at the date of the application.)* | |
| **Forename**: | **Surname**: |
| **Relationship to applicant**: | |
| **Emai**l: | |
| **Contact telephone number**: | |
| I confirm that:   1. I am a parent or legal guardian of the above-mentioned player; 2. I understand that rugby is a contact sport, and, like all contact sports, players may be exposed to a risk of injury; and 3. I have read and accepted the provisions of Scottish Rugby’s *Transgender Policy.* | |
| **Signature**: | **Date**: |

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| **Player Declaration** | |
| I confirm that my gender identity is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I wish to apply to pay in the male / female\* gender category of rugby. *(\*delete as appropriate)*  I certify that all the information on this form and contained within any attached supporting documentation is true and correct in relation to the application for a transgender or non-binary player. | |
| **Signature of player:** | **Date:** |
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| **Note for Transgender Female Applicants:** | |
| Please note that Scottish Rugby’s *Transgender Policy* includes specific eligibility criteria relating to the participation of transgender female players (extract below):   * “*She must demonstrate that the concentration of testosterone in her serum has been less than 5 nmol/L continuously for a period of at least 12 months immediately prior to application*”; and * “*She must keep her serum testosterone concentration below 5 nmol/L for so long as she continues to compete in the female category of rugby*.”   Transgender female applicants are asked to provide appropriate supporting documentation in this regard. | |

Please submit this form together with any necessary supporting documentation to:

**Richard Wood, Medical Administrator, Scottish Rugby Union**

[**Richard.Wood@sru.org.uk**](mailto:Richard.Wood@sru.org.uk)