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| **Scottish Rugby (2cm)** | **Scottish Rugby Transgender Adult Application Form** |

Players who recognise themselves as transgender or non-binary gender should contact the SRU to discuss their specific case. Although each situation is reviewed on a case by case basis, there are eligibility criteria that apply.

**This form is intended for people to apply to play in the gender category that differs from that associate with their sex assigned at birth. This form should be completed with reference to the SRU Transgender Policy, including the Eligibility Criteria set out within. The SRU Transgender Policy is available here.**

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| **Applicant Details** |
| Forename: | Surname: |
| Preferred name: | Club or Education Institution (if appropriate): |
| Home address: | Postcode: |
| Email: |
| Contact telephone number: |
| Date of birth: | Sex Assigned at Birth: |
| Gender Identity:  | Gender Category of Rugby applied for: |

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| **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 player. |
| Signature of player: | Date: |
| **Transgender Female Applications:** |
| Please note that the SRU Transgender Policy includes specific eligibility criteria relating to the participation of transgender female players (extract below). Please provide any supporting documentation as appropriate to demonstrate that the criteria have been met.* 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
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Please submit this form together with any necessary supporting documentation to:

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

**Richard.Wood@sru.org.uk**