|  |  |
| --- | --- |
| **Scottish Rugby (2cm)** | **Application for Conditional Approval of****Artificial Rugby Turf Facility** |

|  |
| --- |
| **About the Facility** |
| **Name of Facility:** |  |
| **Postal Address of Facility:** |  |
| **Owner of Facility:** |  |
| **Operator of Facility (if not owner):** |  |
| **Date installation completed:** |  |

|  |
| --- |
| **About the Artificial Rugby Turf Surface** |
| **Dimensions of Turf Carpet (in meters)** | Length | m | Breadth | m |
| **Is the location suitable for matches?** |  Yes / No (Suitable for rugby training only) (*Delete as appropriate)* |
| **If suitable for playing rugby matches:** | What are the dimensions of the pitch when set up in rugby match mode? |
|  | (i) Goal line to goal line  |  | meters |
|  | (ii) Length of each in-goal area |  | meters |
|  | (iii) Width of pitch |  | meters |
|  | (iv) Width of Perimeter Area around pitch  |  | meters |
|  | Please confirm that there are no obstructions, etc. in the Perimeter Area | Yes / No |
|  | Rugby posts: | Permanently installed? | Yes / No |
|  |  | Installed on request? | Yes / No |
|  |  | Other *(explain)* |

|  |
| --- |
| **The Field Performance Test** |
| **Name of Independent Test Institute:** |  |
| **Key Contact at Test Institute:** | Name: |  |  Position: |  |
|  | Email: |  | Mobile: |  |
| **Date testing performed:** |  |
| **Does the Report state that surface tested complies with the Regulation 22 specification?***N.B. If the report does not state that the surface complies with Regulation 22 we will not be able to approve it.* | Yes / No |
| **Please highlight any matters from the Report you would wish to comment on:** |

|  |
| --- |
| **Compliance Statements by Applicant** |
| **In applying for Scottish Rugby’s Conditional Approval for the above facility to be used for rugby union Matches / Contact Training the applicant hereby confirms the following statements:** |
| 1. We have read and are aware of the contents of Scottish Domestic Regulation 22, *Artificial Rugby Turf.* | **Yes / No** |
| 2. To the best of our knowledge and belief the artificial turf surface complies with WR Regulation 22.  | **Yes / No** |
| 3. If at any time there is reason to believe that the artificial turf surface no longer complies with WR Regulation 22 it will be removed from contact rugby use (Matches and Contact Training). | **Yes / No** |
| 4. Permanent signage will be erected at the pitch indicating (i) that the surface complies with WR Regulation 22 and (ii) the date on which conditional approval for use expires / retesting is required. | **Yes / No** |
| 5. We agree to participate in the World Rugby / Scottish Rugby injury surveillance programme.  | **Yes / No** |

|  |
| --- |
| **Applicant’s Details** |
| Name (*print*) |  | Position |  |
| Organisation Name |  |
| Postal Address |  |
| Email Address |  | Telephone No. |  |
| Signature |  | Date of Signature |  |

**FOR SCOTTISH RUGBY USE ONLY**

|  |
| --- |
| **Approval from Scottish Rugby Union (*for official use only)*** |
| *Conditional Approval* for rugby use is granted. The approval period will expire on: | *(Date)* |
| **For and on behalf of the Scottish Rugby Union** :- | Date |  |
| Name (*print*) |  | *Union stamp or Seal* |
| Signature |  |

**For information on Scottish Rugby’s Domestic Regulation on *Artificial Rugby Turf*, WR Regulation 22 and related materials please go to the Scottish Rugby website and click on: *Regulations → Artificial Rugby Turf.***

Please return the completed form to Graham Ireland (graham.ireland@sru.org.uk ) at the Scottish Rugby Union, Edinburgh EH12 5PJ.