

**Club Investment Fund: Player Improvement - Premiership (Men's & Women's)**

Please find below a list of guidelines for completing the Premiership Player Improvement Medical claim form:

- Completed form (See Below) and invoices/receipts should be emailed to: [rugbydevelopmentadmin@sru.org.uk](mailto:rugbydevelopmentadmin@sru.org.uk)
- **Ensure that all invoices being claimed for are attached to the email and are clearly labeled.**
- Make sure that all invoices are clear and that all information is displayed.
- Clubs can claim for 1<sup>st</sup> XV team ONLY - **PLEASE MAKE IT CLEAR WHAT SPEND RELATES TO 1st XV ON ALL INVOICES**
- Only costs that have been incurred can be paid out – we cannot pay out any costs in advance.
- If you are VAT registered and able to claim back the VAT, then you may wish to submit your claim for the net amount. If you are not VAT registered, then all amounts claimed for will come off the total you have left to claim.
- **Each club is required to have a Matchday Emergency Action Plan completed and made available to any teams they are hosting. This must be sent to Richard Wood at Scottish Rugby before any medical claims are submitted ([Richard.wood@sru.org.uk](mailto:Richard.wood@sru.org.uk)).**
- **No Claim is required for the Coaching payment.** If standards are not met then there may be deductions from the funding.
- Please see *Player Improvement Standards* document for full list of Coaching and Medical Standards that must be met to receive funding.

Please see below a list of what Premiership clubs are entitled to claim for per season and the deadlines for when claims must be submitted.

Payment Area	Amount	Action Required from Club	Payment Date
Medical	Up to £10,000	Submit claim by: 26 October 2025 (Claim 1) 21 December 2025 (Claim 2) 28 February 2026 (Claim 3) 26 April 2026 (Claim 4)	Payment at end of: November 2025 (Claim 1) January 2026 (Claim 2) March 2026 (Claim 3) May 2026 (Claim 4)
Coaching	Up to £5,000	Meet Standards of Club Investment Fund ( <b>no claim required by club</b> )	Payment at end of: January 2026

**Claim Form - Medical Fund**



Club: \_\_\_\_\_

Date: \_\_\_\_\_

Area of support (Doctor, Physio etc.)	Details	Invoice Number <small>(Please ensure all invoices/ receipts are labelled)</small>	Costs	Notes
<b>TOTALS</b>				