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

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

- Completed form (see below) and invoices/receipts should be emailed to: 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 1st 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.
- A Medical Audit Form must be completed and submitted to richard.wood@sru.org.uk by 31 August 2026. A template will be provided by Scottish Rugby.
- Each club is required to have a Matchday Emergency Action Plan (MEAP) completed and made available to any teams they are hosting. If you have updated your MEAP for this season, this must be sent to Richard Wood prior to the first home game of the season.
- 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 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: 25 October 2026 (Claim 1) 20 December 2026 (Claim 2) 28 February 2027 (Claim 3) 25 April 2027 (Claim 4)	Payment at end of: November 2026 (Claim 1) January 2027 (Claim 2) March 2027 (Claim 3) May 2027 (Claim 4)
Coaching	Up to £5,000	Meet Player Improvement Fund Standards **(No Claim Required by club)**	Payment at end of: January 2027

Claim Form - Medical Fund

Club:_____ Date:_____

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