

**BOKSMART RUGBY MEDIC PROGRAMME**

**TRAINING REQUEST FORM:**

TYPE OF INSTITUTION	<input type="checkbox"/> CLUB	<input type="checkbox"/> HIGH SCHOOL	<input type="checkbox"/> OTHER
NAME OF INSTITUTION			
STREET ADDRESS			
SUBURB			CODE
TELEPHONE			FAX
CELLPHONE			

**PROVINCE**

<input type="checkbox"/> WESTERN CAPE	<input type="checkbox"/> FREE STATE	<input type="checkbox"/> NORTH WEST PROVINCE	<input type="checkbox"/> MPUMALANGA
<input type="checkbox"/> GAUTENG	<input type="checkbox"/> NORTHERN CAPE	<input type="checkbox"/> NORTHERN PROVINCE	<input type="checkbox"/> EASTERN CAPE
			<input type="checkbox"/> KZN

**RUGBY UNION AFFILIATE**

<input type="checkbox"/> W.P.R.U	<input type="checkbox"/> CHEETAHS	<input type="checkbox"/> BOLAND	<input type="checkbox"/> BLUE BULLS	<input type="checkbox"/> BORDER
<input type="checkbox"/> EAGLES	<input type="checkbox"/> E.P KINGS	<input type="checkbox"/> GRIFFONS	<input type="checkbox"/> GRIQUAS	<input type="checkbox"/> LEOPARDS
<input type="checkbox"/> LIONS	<input type="checkbox"/> PUMAS	<input type="checkbox"/> SHARKS	<input type="checkbox"/> VALKE	

Agreement between \_\_\_\_\_ and SARU

The school/club named above agrees to accept BokSmart Rugby Medic Training under the following terms and conditions:

- The training session is conducted free of charge, within the constraints of an annually and regionally allocated budget, to those who meet the necessary criteria and agree to take part in assisting with first aid duties at rugby matches and practice sessions for their respective clubs/schools.
- First Aid coordinators, coaches and/or teachers agree to ensure that they comply with SARU's minimum safety standards and requirements
- As part of this agreement, the school/club agrees to nominate a coordinator who will take responsibility in completing a Rugby Medic Logsheet and will submit the Logsheet to the BokSmart Administrator on a monthly basis
- Schools/Clubs which receive equipment from the BokSmart Programme are to ensure that the equipment is placed on the side of the field for matches/practice sessions and is available for all First Aiders
- Tick this block on the day of training to indicate that the logsheet has been received and explained in full.

**RUGBY MEDIC PROGRAMME TRAINING REPLY FORM**

DATE TRAINING WAS CONDUCTED	D	D	M	M	Y	Y	Y	Y					
NAME OF INSTRUCTOR													
NUMBER OF STUDENTS	B		W		C		I						
DO YOU PLAY RUGBY AT YOUR SCHOOL/CLUB?	YES	NO	ROUGHLY HOW MANY ACTIVE PLAYERS ARE THERE AT YOUR SCHOOL/CLUB?										
WHICH AGE GROUPS ARE PLAYING RUGBY AT YOUR SCHOOL/CLUB?	U14	U15	U16	U17	U18	U19							
WAS THE INSTRUCTOR:	PROMPT	YES	NO	NEAT	YES	NO	PROFESSIONAL	YES	NO	INFORMATIVE	YES	NO	
WAS THE WORKSHOP INFORMATIVE?	1	2	3	4	5	DID THE STUDENTS ENJOY THE WORKSHOP?	1	2	3	4	5		
WAS THERE SUFFICIENT THEORY?	1	2	3	4	5	WAS THE PRACTICAL COMPONENT SUFFICIENT?	1	2	3	4	5		
DOES YOUR INSTITUTION OWN IT'S OWN SPINAL IMMOBILISATION EQUIPMENT?	YES NO												
HAS YOUR INSTITUTION BEEN ISSUED WITH SPINAL IMMOBILISATION EQUIPMENT ON THIS PROGRAMME IN THE PAST?	YES NO												
DID ALL THE STUDENTS RECEIVE EXPLANATION IN THE USE OF THE SPINAL IMMOBILISATION EQUIPMENT?	YES NO												
WAS THERE SUFFICIENT EXPLANATION AROUND HEAD NECK AND SPINAL INJURIES?	YES NO		CONCUSSION MANAGEMENT?									YES	NO
DID THE STUDENTS LEARN ABOUT PROMOTING A POSITIVE SPORTING CULTURE IN RUGBY?	YES NO												
NAME & SURNAME													

COACH  MANAGER  REFEREE  OTHER (SPECIFY)  \_\_\_\_\_

SIGNED \_\_\_\_\_