## APPENDIX 3 BUCS ring fenced teams PRO FORMA

## PUBLISHED | 8 APRIL 2025

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## APPLICATION NOTES

Applications must be made at the time of team entry by emailing a completed Pro Forma to [fixtures@bucs.org.uk](mailto:fixtures@bucs.org.uk). Late applications may not be accepted. Institutions/Playing Entities failing to appropriately apply for teams to be designated as ring fenced will not be eligible to apply for the student-athlete movement exception outlined in [REG 11.1.5](https://www.bucs.org.uk/rules-and-regulations/general-regulations/reg-11-team-selection-and-team-sheets.html#:~:text=REG%2011.1.5%20Ring%20Fenced%20teams)/[SQU 7.5](https://www.bucs.org.uk/rules-and-regulations/sport/squash.html#:~:text=SQU%207.5%20Ring%20Fenced%20teams)/[TAB 7.5](https://www.bucs.org.uk/rules-and-regulations/sport/table-tennis.html#:~:text=TAB%207.5%20Ring%20Fenced%20teams%C2%A0)/[TEN 9.5](https://www.bucs.org.uk/rules-and-regulations/sport/tennis.html#:~:text=TEN%209.5%20Ring%20Fenced%20teams%C2%A0). Ring Fenced teams will be denoted by their specific group being named in brackets, for example “(Medics)”.

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| **Name of Institution/Playing Entity** | |  | |
| **What is the reason for Ring Fencing these teams?** For example: To allow those teams which internally belong to the institution’s Medical School to maintain a separate identity and not be directly connected to or impacted by those which don’t in regard to team selection.  Please note: Evidence may be required as to how this will be managed. | |  | |
| **What will be the criteria on which it will be confirmed if an individual is to be eligible to represent these Ring Fenced teams (and therefore also will not be eligible to represent any other teams)?** For example: Only those students on a course which sits within the Medical School will be eligible to represent these Ring Fenced teams and will not be eligible to represent any other teams.  Please note: Evidence may be required as to how this will be managed. | |  | |
| **Sport** For example: Rugby Union | **League the team competed in during 2024-25** For example: Northern 5B. If a new team, put N/A. | | **Team Name** For example: Cardiff Men’s 3 (Medics). |
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| **Athletic Union (or equivalent) Authorisation** *The Individual signing this form hereby declares all of the details provided to be true and accurate.* | | | |
| **Name** | |  | |
| **Position** | |  | |
| **Signature** | |  | |
| **Date** | |  | |

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| **For Office Use Only** | |
| **Date application received** |  |
| **Application received by** |  |
| **Application approved** | Yes/No (Delete as appropriate) |
| **Reason for rejection** (Where applicable) |  |
| **Date application approved/rejected** |  |