**THIS DOCUMENT MUST BE SENT TO SWF A MINIMUM OF 7 DAYS BEFORE THE TOURNAMENT OR FESTIVAL TAKES PLACE. FAILURE TO DO SO WILL RESULT IN THE PERMIT BEING DENIED.**

**Tournament Details**

|  |  |
| --- | --- |
| Name of tournament: |  |
| Organising Club |  |
| Dates |  |
| Venue |  |
| Tournament Permit Number |  |

**Participant Details**

|  |
| --- |
| Club: |
| Club ID Number |
| League: |
| Does your participation impact a league fixture: |
| No | Yes: Postponed with date | Yes: Postponed, no new date |
| Postcode: |
| Tel.No: |
| Email: |

Permission is required by all clubs in membership of Scottish Women’s Football (SWF) before participating in any tournament. To obtain permission the following information **must** be submitted, along with this form, to the SWF.

|  |
| --- |
| 1. Tournament rules [ ]   |
| 2.Letter from F.A sanctioning tournament [ ]   |

**Tournaments:**

**All** youth clubs attending any tournament must ensure all named officials in regulated roles have completed SWF’s safeguarding process and subsequently approved by SWF. The club must also ensure that an approved first aider travels with the group. Any officials who are named but have not been approved by SWF will result in the tournament request being refused.

Minimum of 2 Officials required. One with Coaching Qualification and One as first aider.

|  |  |  |
| --- | --- | --- |
| **Officials Name** | **Role** | **Approved by SWF (Yes/No)** |
|  | **First Aider** |  |
|  |  |  |
|  |  |  |
|  |  |  |

**All** youth clubs who attend tournaments which require an overnight stay must carry out their own risk assessment for any adults who are not named club officials but intend to assist the club/players for the duration of the trip. Disclosure Scotland have advised that “parent helpers” solely for the purposes of tournaments do not meet the requirement/need for a PVG therefore we cannot PVG these parents on behalf of the club.

**Other Persons travelling with the group**

|  |  |  |
| --- | --- | --- |
| **Name** | **Telephone Number**  | **Risk Assessment carried out by the club (Y/N)\* RA must be sent with application** |
|  |  |  |
|  |  |  |

I confirm that the above club has a valid insurance certificate to cover this event [ ]

|  |
| --- |
| Signed:        |
| Dated:        |
| On behalf of       [club] |
| **For official use only**: Permission number:        |
| Signed:       Dated:        |

Completed forms should be returned to swf@scottish-football.com