

# **BLOU BULLE RUGBY-UNIE**

# **BLUE BULLS RUGBY UNION**



## **APPLICATION FOR RECOGNITION AS A PRIVATE RUGBY ACADEMY**

### **1. DETAILS OF ACADEMY**

Name of the Academy:

\_\_\_\_\_

Physical address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_Code\_\_\_\_\_

Postal address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_Code\_\_\_\_\_

Tel: \_\_\_\_\_

Cell no: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of financial year-end: \_\_\_\_\_

Loftus Versfeld Kirknessstraat/Street Sunnyside Pretoria 0002  
Telefoon/Telephone Kantoor/Office: (012) 420-0708 / 420-0831  
Posbus/P.O. Box 27856, Sunnyside 0132  
BTW NO / VAT NO: 417 012 4871

**PRESIDENT: MR W.J.A. STRAUSS**  
**GENERAL MANAGER: BBRU (Acting): DR. E. HARE**

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### **2. PARTICULARS OF OFFICE-BEARERS**

(If you have more office-bearers than is provided for on this page, provide the particulars of these office-bearers on a separate page and attach it to the application)

1. Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Details (w): \_\_\_\_\_

Contact Details (h): \_\_\_\_\_

Contact Details (cell): \_\_\_\_\_

Contact Details (Email): \_\_\_\_\_

Designation/appointment: \_\_\_\_\_

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2. Name(s): \_\_\_\_\_

Surname: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ID Number: \_\_\_\_\_

Contact Details (w): \_\_\_\_\_

Contact Details (h): \_\_\_\_\_

Contact Details (cell): \_\_\_\_\_

Contact Details (Email): \_\_\_\_\_

Designation/appointment: \_\_\_\_\_

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### 3. General information

1. List all sport codes the academy caters for:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

2. The academy caters for (List categories, e.g., senior men/women, youth, juniors and children):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

3. Does your academy cater for athletes with disabilities? (please mark with an "x"):

YES ☐

NO ☐

If yes, list the disabilities:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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4. List all existing sports facilities and addresses that the academy has access to:

| <b>Name of Facility</b> | <b>Address</b> |
|-------------------------|----------------|
|                         |                |
|                         |                |
|                         |                |
|                         |                |
|                         |                |
|                         |                |

5. List all technical personnel (e.g. Coaches, technical advisors, analysts, etc.):

| <b>Name &amp; Surname</b> | <b>Qualification</b> | <b>Experience</b> |
|---------------------------|----------------------|-------------------|
|                           |                      |                   |
|                           |                      |                   |
|                           |                      |                   |
|                           |                      |                   |
|                           |                      |                   |
|                           |                      |                   |
|                           |                      |                   |
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6. List all scientific support personnel (Sport Scientists/ Exercise Physiologists / Biokineticist):

| Name & Surname | Qualification | Experience |
|----------------|---------------|------------|
|                |               |            |
|                |               |            |
|                |               |            |

7. List all Medical personnel (e.g. Sports Physician, Doctor, Dietician, Physiotherapist, etc.):

| Name & Surname | Qualification | Experience |
|----------------|---------------|------------|
|                |               |            |
|                |               |            |
|                |               |            |
|                |               |            |
|                |               |            |

8. List all specialists (Orthopaedic surgeons, etc.) part of the academy referral system:

| Name & Surname | Contact Number |
|----------------|----------------|
|                |                |
|                |                |
|                |                |

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#### **4. Education and Training:**

1. Does your academy offer training courses? (please mark with an "x"):

YES ☐

NO ☐

If yes, list all the courses (Coaching, administration, technical officiating):

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2. Are your courses accredited by relevant authority? (e.g. SETA, DHET) (please mark with an "x"):

YES ☐

NO ☐

Note - All coaching courses / material must be submitted to Blue Bulls Rugby Coaches Association for evaluation.

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3. Does your academy offer any learning programmes?

YES ☐

NO ☐

If yes, please indicate the grades you cater for:

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4. Are you registered with the relevant authority? (Please mark with an "x"):

- |                                                 |                          |
|-------------------------------------------------|--------------------------|
| 1. Department of Basic Education (DBE)          | <input type="checkbox"/> |
| 2. Gauteng Department of Sport Arts and Culture | <input type="checkbox"/> |
| 3. Blue Bulls Rugby Coaches Association         | <input type="checkbox"/> |

If yes, please attach a letter of registration from the relevant authorities.

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### FOR OFFICE USE ONLY:

| Date and time received                                  |     |    |
|---------------------------------------------------------|-----|----|
| Documents attached                                      | Yes | No |
| Application Form                                        |     |    |
| Letter of motivation                                    |     |    |
| Curriculum Vitae of Officials                           |     |    |
| Certified copies of Identity Documents                  |     |    |
| Registration Documents                                  |     |    |
| SARS Documents                                          |     |    |
| Addresses of Facilities Supplied                        |     |    |
| List of Medical personnel supplied                      |     |    |
| List of Scientific Support personnel                    |     |    |
| Support Letter from BBRU Coaches Association            |     |    |
| Letter of accreditation from DBE, Dept. Sport           |     |    |
| Endorsement letter from Provincial Sports Confederation |     |    |

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Received by:

## **BBRU General Manager:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **Blue Bulls Rugby Coaches Association:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

## **BBRU Manager Training and Education:**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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