

## SENSITIVE DATA & OPERATIONAL RULES CONSENT

This document must be completed by any player seeking to verify his / her eligibility for international rugby league. By signing the form the player consents to the processing, transferring and storing of their sensitive data and consents to be bound by the IRL Operational Rules (including the Code of Conduct). If you complete this form using wet ink please ensure the handwriting is legible.

<b>Given/First Name(s) (lower case) <sup>1</sup></b>	
<b>Family Name (CAPITALS)</b>	
<b>Preferred/Known Name <sup>2</sup></b>	
<b>Birthdate (DD/MM/YYYY)</b>	
<b>Please state if you have already confirmed your eligibility for another nation? What nation(s)?</b>	

### Notes

1. The **Given and FAMILY** names must be the names used on any identification documents submitted to establish eligibility.
2. The **Preferred/Known** name is the name that will appear (a) on the team sheet for a match, and (b) the IRL eligibility database. This field should only be completed if the preferred/known name is different to the given and family names.

### **DECLARATION**

I, \_\_\_\_\_, wish to establish my eligibility to play for \_\_\_\_\_  
*(insert full name)* *(insert country name)*

1. I understand that to establish my eligibility I may be required to submit sensitive data to the IRL, of my own volition, either directly or through the National Federation of my country, which must then process that sensitive data to arrive at a conclusion pertaining to my eligibility.
2. I understand that the IRL has the right to store and use this information in line with its privacy policy and consent to it doing so.
3. I agree to be bound by the IRL Operational Rules and Code of Conduct, and any amended version introduced subsequently to my signing this form.
4. Are you:  
*If you are considering how to answer, use the information on your birth certificate or Gender Recognition Certificate.*  
 A man  
 A woman  
 Other, please specify (e.g., non-binary): \_\_\_\_\_  
 Prefer not to answer
5. Is the gender you identify with the same as your sex registered at birth?  
 Yes  
 No  
 Prefer not to answer

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_  
*(Day) (Month) (Year)*

