

Recognition of Coaching Competency

Note:

- 1. You may apply for RECC only if you believe that your current football knowledge, practical experience, and/or current qualifications obtained from another Confederation or Football Association are equal to or exceed the minimum requirements of a specific AFC Certification.
- 2. Kindly complete FORM 1 legibly and submit to your MA with all the relevant supporting documents and where relevant, <u>through</u> your club.
- 3. Please supply evidence relating to each performance criteria in Form 3 and work related experiences.

Purpose of	Application: (please tick in one box only)
1.	To fulfil the MA Club Licensing Regulations
2 .	To fulfil AFC Club Licensing Regulations for ACL and the Minimum Coaching Requirements
	To fulfil AFC Club Licensing Regulations for AFC Cup and the Minimum Coaching Requirements
4.	To fulfil AFC National Team Competition Regulations and Minimum Coaching Requirements
5.	To enroll onto an AFC accredited coaching course
	To deliver AFC coaching courses in the capacity of an MA Technical/Coach Education Director

To the Technical Department of	Date:
(Member	Association name)
Dear Sir,	
I wish to apply for a recognition of my	
coaching a	award * (if available)
issued bycountry	in year
Country	ycai
* Non AFC/UEFA Qualifications	
If your coaching qualification is not AFC/UEFA process your application for recognition.	accredited, kindly provide the following information to
1. An outline of the course content	
2. Total course hours (both Practical and Th	neory)
3. Assessment methods	
 An official written acknowledgment of yo authorizing body. 	ur attendance and results from the course organizer and/o
Club/Team:	
Coaching Position:	

Note: For Club Licensing and Minimum Coaching Requirements, please indicate name of Club or National team (senior, U23, U19 etc) and the position applied for (Head Coach, Assistant, GK or Fitness Coach)

Mr/Ms			
Nationality:		Date of Birth:	
Mailing Address:			
		Post Code:	
Email 1:	Em	ail 2:	
Contact Number: M)	Н)	Fax)	

Personal Details:

Coaching Qualification Obtained

Certificate Type	Country and Confederation	lssued By and Date
Remarks:	1	
Kemarks		
	Coaching Experience (last 5 year	ars)
Club / Country	Designation (Head Coach/Assistant Coach etc)	Level of Competition (Pro-league, ACL, Asian Cup, etc)
Remarks.		
Remarks:		

Coaching Courses Attended (last 5 years)

	Course Type	Date & Venue	Course Organizers	
Remarks:				
acknowled where nece	close all coaching/educational cert lgement, contracts and any other lessary) which must be originals or ng this application, I declare that:	relevant supporting do	cuments (translated into Eng	glish
a)	the evidence I have provided is a t	rue and accurate record o	of my football and work exper	ience
b)	1 am aware of and accept the application of the AFC Regulations Governing the Recognition o Coaching Competency;			
c)	I waive all appeal rights, including any right founded in any arbitration agreement pursuant t the AFC Statutes; and			
d)	all decisions of the AFC General S the Recognition of Coaching Con	-	t to the AFC Regulations Gov	vernir
Signature o	of applicant:	Date:_		