



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, through 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
3. 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
6. 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 award * (if available)

issued by _____ in _____
country year

* Non AFC/UEFA Qualifications

If your coaching qualification is not AFC/UEFA accredited, kindly provide the following information to process your application for recognition.

1. An outline of the course content
2. Total course hours (both Practical and Theory)
3. Assessment methods
4. An official written acknowledgment of your attendance and results from the course organizer and/or authorizing body.

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)

Personal Details:

Mr/Ms _____

Nationality: _____ Date of Birth: _____

Mailing Address: _____

_____ Post Code: _____

Email 1: _____ Email 2: _____

Contact Number: M) _____ H) _____ Fax) _____

Coaching Qualification Obtained

Certificate Type	Country and Confederation	Issued By and Date

Remarks: _____

Coaching Experience (last 5 years)

Club / Country	Designation (Head Coach/Assistant Coach etc)	Level of Competition (Pro-league, ACL, Asian Cup, etc)

Remarks: _____

Coaching Courses Attended (last 5 years)

Course Type	Date & Venue	Course Organizers

Remarks: _____

Note : Enclose all coaching/educational certifications, testimonials, letter of appointment and/or acknowledgement, contracts and any other relevant supporting documents (translated into English where necessary) which must be originals or certified true copies, signed or initialed where appropriate.

In submitting this application, I declare that:

- a) the evidence I have provided is a true and accurate record of my football and work experiences;
- b) I am aware of and accept the application of the AFC Regulations Governing the Recognition of Coaching Competency;
- c) I waive all appeal rights, including any right founded in any arbitration agreement pursuant to the AFC Statutes; and
- d) all decisions of the AFC General Secretariat made pursuant to the AFC Regulations Governing the Recognition of Coaching Competency are final.

Signature of applicant: _____

Date: _____

AFC General Secretary,

Dear Sir,

Recognition of Coaching Competency

Please find enclosed herewith a decision regarding the Recognition of Coaching Competency in relation to:

_____ made on _____.
 Applicant's name date

The decision is set out on Form 3 as required by the AFC Regulations Governing the Recognition of Coaching Competency by the MA decision making panel comprising of the following:

	Name	Designation in the MA
1		Technical Director (mandatory)
2		
3		
4		

We declare that:

- a. we have correctly applied the Regulations and the Guidelines issued by the AFC in assessing the practical coaching abilities and competency of the applicant;
- b. we have informed the applicant that he shall not be able to practice at the recognized level until the AFC General Secretariat confirms the assessment;
- c. we waive all appeal rights, including any right founded in any arbitration agreement pursuant to the AFC Statutes; and
- d. all decisions of the AFC General Secretariat made pursuant to the AFC Regulations Governing the Recognition of Coaching Competency are final.

We look forward to receiving confirmation of our assessment, which we will immediately pass on to the applicant.

Yours Sincerely,

 General Secretary

 Member Association

RECC Assessors Report

Applicant's name:

Team/Club:

Assessment criteria details	Evidence supplied & Observation made	<u>Relevance</u> Is the evidence relevant to the application?	<u>Authenticity</u> Is the evidence authentic?	<u>Indication</u> Is the evidence provided/observation made indicates the applicant's competency?	<u>Current</u> Is the evidence recent? (obtained within at least the last five years?)	Comments
Documents: CV, Medical Records, Coaching and Educational Certificates	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Documents: Testimonials, Coaching Contracts, Letter of Recommendation, etc	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Documents: Coaching Log Book	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Coaching Session Delivery (Training)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Match day Coaching (In Competition)	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	
Others	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	

Please tick in the relevant sections for each assessment criteria.

Decision

YES

NO

(Please advise the applicant of further evidence they are required to supply and/or competency that needs to be demonstrated)

Assessor's comments	MA Recommendations (mandatory)

Name of Assessor(s): _____

Date of Assessment: _____

Designation: _____

Contact number: _____