**

## FORM 1

**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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ALL INDIA FOOTBALL FEDERATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Member Association name)

Dear Sir,

I wish to apply for a recognition of my

USSF ‘A’

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

coaching award \* (if available)

issued by \_\_\_\_\_\_\_\_\_\_\_U S A\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in \_\_\_\_2012\_\_\_\_\_\_\_\_\_\_

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:\_ BENGALURU FC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaching Position:\_\_\_\_\_\_ASSISTANT COACH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_PRADHYUM\_REDDY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nationality: BRITISH Date of Birth: 31.05.1976

Mailing Address:\_ FLAT NO 7, OORGAUM HOUSE,P6 D’SOUZA LAYOUT,VITTAL MALLYA

ROAD,BANGALORE Post Code:\_\_\_560001\_\_\_\_\_\_\_\_\_\_\_

Email 1:\_coachprad@gmail.com\_\_\_\_\_\_\_\_\_\_\_\_\_ Email 2: pradhyum.reddy@bengalurufc.com

Contact Number: M) 9986915157 H) Fax)

**Coaching Qualification Obtained**

|  |  |  |
| --- | --- | --- |
| **Certificate Type** | **Country and Confederation** | **Issued By and Date** |
| GOALKEEPING LICENSE | USA & USSF | USSF & MAY 2012 |
| A LICENSE | USA & USSF | USSF & JANUARY 2011 |
| B LICENSE | USA & USSF | USSF & JUNE 2008 |
| CERTIFICATE OF COACHING | UK & FA | FA & OCTOBER 1999 |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coaching Experience (last 5 years)**

|  |  |  |
| --- | --- | --- |
| **Club / Country** | **Designation****(Head Coach/Assistant Coach etc)** | **Level of Competition****(Pro-league, ACL, Asian Cup, etc)** |
| BENGALURU FC (INDIA) | ASSISTANT COACH | I-LEAGUE  |
| DSK SHIVAJIANS (INDIA) | HEAD COACH | 2ND DIVISION I-LEAGUE |
| SHILLONG LAJONG FC (INDIA) | HEAD COACH | I-LEAGUE  |
| MANHATTAN COLLEGE (USA) | ASSISTANT COACH | DIVISION 1 COLLEGE |
| NY STATE ODP 9USA) | DIRECTOR OF COACHING | OLYMPIC DEVELOPMENT PROGRAM |

Remarks:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Coaching Courses Attended (last 5 years)**

|  |  |  |
| --- | --- | --- |
| **Course Type** | **Date & Venue** | **Course Organizers** |
|  A LICENSE | JANUARY 2011 (USA) | USSF |
|  GOALKEEPING COURSE | MAY 2012 (USA) | USSF |
|  PROFESSIONAL LICENSE | JUNE 2008 (BRAZIL) | ABTF |
|  B LICENSE | JUNE 2008 (USA) | USSF |
|  PREMIER LICENSE | JANUARY 2008 | NSCAA |

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:

1. the evidence I have provided is a true and accurate record of my football and work experiences;
2. I am aware of and accept the application of the AFC Regulations Governing the Recognition of Coaching Competency;
3. I waive all appeal rights, including any right founded in any arbitration agreement pursuant to the AFC Statutes; and
4. 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:

## FORM 2

**AFC General Secretary,**

Dear Sir,

**Recognition of Coaching Competency**

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

 PRADHYUM REDDY

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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:

1. we have correctly applied the Regulations and the Guidelines issued by the AFC in assessing the practical coaching abilities and competency of the applicant;
2. 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;
3. we waive all appeal rights, including any right founded in any arbitration agreement pursuant to the AFC Statutes; and
4. 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**

**FORM 3**

**RECC Assessors Report**

**Applicant’s name: Team/Club:**

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

**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: