



BOTSWANA FOOTBALL ASSOCIATION

APPLICATION FOR CAF 'C' LICENCE COURSE

The course runs over a period of **120 hours** (plus exams) divided in different phases.

Entry requirements

- Candidates must be at least **18 years old** and must have completed **Grassroots and Preliminary Coaching** course modules (CAF 'D' Licence).
- Be able to read and write in English language.
- All candidates who are admitted to the course must produce a medical certificate because they are expected to engage in physical activity in the course.
- All candidates shall also submit their CV's with the application.
- Candidates are also required to submit references of clubs they are active at.
- Candidates are expected to pay a commitment fee of one thousand five hundred pula (*P1 500.00*).
- Successful candidates will be informed of the payment procedures.

BOTSWANA FOOTBALL ASSOCIATION APPLICATION FORM – CAF COACHING LICENCE COURSES





To apply for any of the above CAF Coaching Licence Courses, please complete the form bellow and email to: <u>technicalcoaching@bfa.co.bw</u>.

Please download the form below on <u>www.bfa.co.bw</u>

Please complete all sections in BLOCK LETTERS (UPPERCASE).

All information received in this form will be treated with confidentiality.

Surname				First Name	
Postal Addre	ss:				L
			0		
Date of Birth			Omang/Passport #		
				I	
Telephone			Mobile		
Email Addres	:c ·				
Course Appl ^y for:	ying				
Previous Coc	ching	Experience			
Previous qualifications relevant to Football					
Previous qua	IIIICAIIC	ons relevant to	o Fooldall		

Previous Involvement in Football





Please give details including dates of any previous experience that you had working with children in a voluntary or professional capacity

Medical information (to ensure that your needs are met please indicate the following (PLEASE TICK):				
	Diabetes			
	Heart Condition			
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Please give names and addresses of two responsible people whom we can contact and who from personal knowledge are will in to endorse you application (referees cannot be relatives of the applicant). If you have had previous involvement in football one of this names should be that of an administrator/leader in your Regional Football Association and/or Associate Member.

First Referee		Second Referee	
Full Name		Full Name	
Full Address		Full Address	
Contact #:		Contact #	
Designation		Designation	

Do you agree to abide by the guidelines contained in the CAF Licence Convention (e.g., Course duration and procedures) and BFA Youth Policy (e.g., children's act)?

Yes		No	
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DECLARATION

I declare that all information provided is complete and correct to the best of my knowledge and I will inform the designated person of any changes that may occur during or after the course. I consent that the BFA Technical Department





may at any time require information in regard to technical matters (e.g., cycle plan, etc.)

Signature of applicant		
Name (BLOCK)	Date	•