



Tanzania Football Federation

Affiliated to FIFA, CAF and CECAFA



Karume Memorial Stadium, Uhuru/Shaurimoyo Road
P.O. Box 1574. Dar es Salaam. Tanzania .Telephone: + 255-22-2182032 Fax: +255-22-

APPLICATION FOR CAF LICENCE COURSES

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

Entry requirements

This form applies to applicants of **Grassroot, CAF Diploma D, C, B, A , Pro Diploma & Fitness coaching course.**

- Candidates must be at least **18 years old** and must have completed **Lower Course/Courses** modules and practice for required Years of the course demand
- Be able to read and write in Swahili and/or 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/academies they are active at.
- Candidates are expected to pay a commitment fee of a respective course. For this course it isTshs.
- Successful candidates will be informed of the payment procedures.



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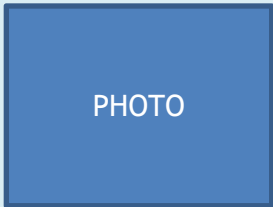
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To apply for any of the above CAF Coaching License Courses, please complete the form bellow and email to: info@tff.or.tz

Please download the form below on www.tff.or.tz

Please complete all sections in BLOCK LETTERS (UPPERCASE).



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

Surname						First Name			
Postal Address:									
Date of Birth			ID/Passport						
Telephone			Mobile						
Email Address:									
Course Applying for: <i>(Put a Tick)</i>		Grassroot	D	C	B	A	PRO Diploma	Fitness Coaching course	
Academic Qualification									
SN	Name of institute/ School			Certificate Acquired			Year of Graduate		
Previous Qualifications relevant to Football									
Previous coaching Experience									
SN	TEAM NAME			POSITION			LICENCE		YEAR

WORK EXPERIENCE

SN	CURRENT EMPLOYER	POSITION	OFFICE CONTACT	

Please give names and addresses of two responsible people whom we can contact and who from personal knowledge are will in to endorse your application (referees cannot be relatives of the applicant). If you have had previous involvement in football one of this name 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 License Convention (*e.g., Course duration and procedures*) and TFF, regulation?

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

Signature of applicant			
Name (BLOCK)		Date	

MEDICAL EXAMINATION - PHYSICAL EXAMINATION

i) General body appearance:.....

ii) Body Weight

iii) Vision Field

iv) Mouth and Teeth

v) Hearing

vi) Nose and Throat.....

vii) Chest Movement

viii) Lungs.....

ix) Pulse Rate.....

x) Abdomen.....

xi) Blood Pressure:.....

xii) Lymphatic Glands.....

xiii) Extremities Upper.....

Lower

xiv) CNS.....

xv) Emotions Status

xvi) Blood Grouping

Comments:

.....

.....
Doctor Name

.....
Signature