



Federation of Uganda Football Associations

"It is Our Game, It is Our Country"

JOB VACANCY

Application for Head Coach Uganda National 'A' Team-Men

Applicants are required to download this form, fill it, scan and send back to vacancy@fufa.co.ug. This is the ONLY email for this process.

A) BIO DATA

Name: _____

Nationality: _____

D.O.B: _____

Applicant's contact:
Email: _____

Telephone Number: _____ WhatsApp Number: _____

B) FOOTBALL EXPERIENCE

National Team:

	Duration	Confederation
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

Club Football:

	Duration	Confederation
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>
Team: _____	From: <input type="text" value="DD/MM/YYYY"/> To: <input type="text" value="DD/MM/YYYY"/>	<input type="text"/>

This form is acceptable if ONLY received between Monday 23rd - Sunday 29th October, 2017.

C) OTHER DETAILS

Earliest Date of Contract Commencement: _____

Lowest Expected Gross Annual Salary (in USD): _____

(Gross is Inclusive of Accommodation, Health Insurance, Travel costs, Pay TV and Utilities)

Note: Gross does not include Taxes.

D) REFEREES

1. Name: _____

Email: _____

Telephone Number: _____ WhatsApp Number: _____

2. Name: _____

Email: _____

Telephone Number: _____ WhatsApp Number: _____

E) AGENT

Name: _____

Email: _____

Telephone Number: _____ WhatsApp Number: _____

F) LANGUAGE:

Language	<input type="checkbox"/> Comprehend <input type="checkbox"/> Spoken <input type="checkbox"/> Read <input type="checkbox"/> Written
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Other Languages

Other Language	<input type="checkbox"/> Comprehend <input type="checkbox"/> Spoken <input type="checkbox"/> Read <input type="checkbox"/> Written
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The Information provided here is correct and to the best of my knowledge.

Applicant's Signature: _____

OFFICIAL:

Any false or incomplete information provided on this form that may be discovered after consideration will lead to cancellation of the application.

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