

#### **UNIVERISTY OF RUHUNA**

#### **SRI LANKA**

### **APPLICATION FOR THE POST OF PART-TIME COACHING STAFF**

RELEVANT FIELD OF SPORT...... Need to be filled by the applicant

#### **IMPORTANT: PLEASE FILL ALL THE BLANKS**

1. (i). Name in Full:				
(ii) Name with initials:				
(iii) Gender:	Female	Male		
2. (i) Postal Address (Any cl	nange should be communicated	immediately):		
(ii) Contact Phone Numbers	:			
Mobile:	Residence:	Office:		
(iii) Email address:				
3. Date of Birth and Age:	D D M M Y	у у у		
Age:	Υ Υ			
4. Civil Status:				
F (1) Miles the country of C (1)	11			
5. (i) Whether citizen of Sri		cent B	y Registration	
(ii) National Identity Card	d No:			
(iii) Passport No:				
6. Education: Schools atten	ded:	Fuere	<b>T</b> .	
(i)		<u>From</u>	<u>To</u>	
(ii)				
(iii)				

7. (a	a) GEC	O/LR	esults
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(i)	(iv)	(vii)
(ii)	(v)	(viii)
(iii)	(vi)	(ix)

## (b) GEC A/L Results

(i)	(iv)	
(ii)	(v)	
(iii)	(vi)	

# 8. University Education: (Please attach copies of all certificates)

First Degree/ Post graduate qualifications and Name of the University	From	То	Field of study	Give Class/Grade/GPA	Effective Date of the Degree

9.	Comp	leted	Diploma	Courses	in	Sports

10. Coaching qualification Obtained (with Level)/year
11. Professional Qualification Other than Coaching
11. Froiessional Qualification other than coaching
12. Other Relevant Qualifications
(i) International Representation
(ii) National Team / National Champion Representation
(ii) National Team / National Champion Representation
13. Relevant Experience as a trainer.
13. Relevant Experience as a trainer.
14. Present Occupation
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15. Previous Occupations		
16. Names and Addresses of two non-related refere	ees:	
Name and addresses 01.	Telephone No. & E-mail	
01.		
02.		
02.		
	by me in this application are true and accurate. I am	
any of these particulars are found to be false of be dismissed without any compensation if the	r inaccurate, I am liable to be disqualified before seld inaccuracy is detected after appointment	ection and to
be dismissed without any compensation if the	maccuracy is detected after appointment.	
Date:	Signature of Applicant:	