



National Olympic Committee

Athlete Photo

CANDIDATE

Personal Details

Family name		Given name(s)	
Date of Birth		Nationality	
Gender	<input type="radio"/> Male <input type="radio"/> Female		
Correspondence Address	Email		
	Telephone		
	Social media details		

Sporting details

Olympic sport			
Discipline(s)/Event(s)			
Best national ranking		Best international ranking	
Previous Olympic experience (Games & year)			
Primary sporting achievement(s) (Result, PB, competition date)	1. 2. 3.		
Current athlete career status	<input type="checkbox"/> Active <input type="checkbox"/> Retirement foreseen within the next 2 years <input type="checkbox"/> Retired		

EDUCATION DETAILS (CURRENT DIPLOMAS, CERTIFICATES, ETC.)

Year	Training	Diplomas awarded



Candidate's background and motivations (past professional experience outside sport, objectives, career plan, etc.)

(To be completed by the athlete)

INFORMATION ABOUT THE EDUCATION PROJECT

Description of the education project (exact title of course, seminar, internship, etc.)

Address

City

Country

Contact Person (Name/Title)

Email

Telephone

Length of the course

Start Date

[Click here to enter a date.](#)

End Date

[Click here to enter a date.](#)

Total duration:

... months

Final qualification (diploma, certificate)

ATTACHMENTS REQUIRED

Curriculum Vitae

Acceptance letter for the education project (school, university, company, etc.)

Copy of passport



BUDGET PROPOSAL

Forecast expenditure	Budget (LOC)	Budget (USD)
TOTAL		USD

Exchange Rate:	USD 1 =
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UNDERTAKINGS

Medical condition and responsibility:

- There is no medical issue likely to prevent the candidate from undertaking the above-mentioned education project.
- The signatories assume full responsibility for the above statements.

Candidate Profile

An Athlete Career Transition project will make a significant difference to the athlete's transition from sport to the labour market, and he/she does not have access to alternative means of paying for such a project.

CANDIDATE

I, the undersigned, would like to submit my application and hereby certify that the information provided herein is accurate:

Name and signature: Date:

NATIONAL OLYMPIC COMMITTEE

I, the undersigned, President/Secretary General, on behalf of the NOC of _____, would like to propose the above-noted candidate and hereby certify that the information provided herein is accurate.

Name, function (President or Secretary General) and signature: Date:

