



National Olympic Committee	
Sport (or other)	
Discipline	

IMPORTANT: This form must be duly completed and signed by the NOC and returned to Olympic Solidarity no later than **2 months after** the completion of the course.

DESCRIPTION OF THE COURSE

Course dates	Start date	Enter date dd/mm/yyyy
	End date	Enter date dd/mm/yyyy
Course location (city)		

NOMINATED EXPERT

Family name		Given name(s)	
Nationality			
Dates of the stay of the expert	Arrival date	Enter date dd/mm/yyyy	
	Departure date	Enter date dd/mm/yyyy	

Course level	<input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 (according to IF standard)
Type of technical course	<input type="radio"/> National <input type="radio"/> Regional

Participants				
Coaches	<input type="text"/>	PE teachers	<input type="text"/>	NOCs invited, if regional course (other than the host NOC): • • •
Athletes	<input type="text"/>	Judges/referees	<input type="text"/>	
Other	<input type="text"/>	TOTAL	<input type="text"/>	
<i>Men</i>	<input type="text"/>	<i>Women</i>	<input type="text"/>	
			(mandatory)	

Please select the subjects that have been covered during this course.
 You can select more than one subject.

<input type="checkbox"/> Protecting clean athletes	<input type="checkbox"/> Specific modules for judges, referees, officials
<input type="checkbox"/> Combating sports betting	<input type="checkbox"/> Training for trainers
<input type="checkbox"/> Non-discrimination	<input type="checkbox"/> Work with athletes with disabilities



EVALUATION OF THE PEDAGOGICAL ASPECTS OF THE COURSE

Language	<input type="radio"/> French <input type="radio"/> English <input type="radio"/> Spanish <input type="radio"/> Other
Was interpretation necessary?	<input type="radio"/> Yes <input type="radio"/> No
General evaluation:	<input type="radio"/> Good <input type="radio"/> Medium <input type="radio"/> Poor
Comments:	

Local expert (if any)	
Family name	Given name(s)

EVALUATION OF THE PARTICIPANTS

Interest / attitude	<input type="radio"/> Good <input type="radio"/> Medium <input type="radio"/> Poor
Level	<input type="radio"/> Good <input type="radio"/> Medium <input type="radio"/> Poor
Homogeneity of the group	<input type="radio"/> Good <input type="radio"/> Medium <input type="radio"/> Poor
Comments:	

Type of evaluation conducted and results of the participants			
Written evaluation	<input type="checkbox"/>	Practical session	<input type="checkbox"/>
Oral evaluation	<input type="checkbox"/>	None	<input type="checkbox"/>
Comments:			
Certification provided by the IF?	<input type="radio"/> Yes <input type="radio"/> No		

RECOMMENDATIONS

Potential participant(s) to be recommended to benefit from an Olympic Scholarship			
Family name	Given name (s)	Date of Birth (dd/mm/yyyy)	Nationality



VENUE EVALUATION

Classroom (if any)	<input type="checkbox"/>	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor
Training room (if any)	<input type="checkbox"/>	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor
Other (if any)	<input type="checkbox"/>	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor

Available equipment

Audiovisual support	<input type="checkbox"/>	Other	<input type="checkbox"/>
Overhead projector	<input type="checkbox"/>	
DVD player	<input type="checkbox"/>	

Comments:

Accommodation	Level		
Hotel (if any)	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor
Food (if any)	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor
Local transport (if any)	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor

Comments:

Were there any official representatives (from the NOC or the NF) present during the course? Yes No

If so, please specify:



Were there any problems encountered before/during/after the course?

Yes No

If so, please specify: before during after

Comments:

General comments

THE NATIONAL OLYMPIC COMMITTEE

I, the undersigned, President/Secretary General of the above-mentioned NOC, certify that the information provided above is true and accurate.

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

Date:

Stamp