



National Olympic Committee	
Sport (or other)	
Discipline	
Name of the project (if any)	

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 project.

PROJECT Description

Dates of the programme	Start date	Enter date dd/mm/yyyy
	End date	Enter date dd/mm/yyyy

NOMINATED EXPERT

Family name		Given name(s)	
Nationality			
Dates of the stay of the expert (if staggered)	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy
	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy
	From	Enter date dd/mm/yyyy	To Enter date dd/mm/yyyy

National coordinator (if any)	
Family name	Given name(s)

Fulfilled Action Plan



Please select the actions that have been carried out during this course.
 You can select more than one subject.

- Training(s) for local coaches
- Training(s) for trainers
- Training(s) for judges, referees, officials
- Training(s) for administrators
- Improvement of the training programmes for elite sport
- Implementation of a “sport for all” project or a school sport development project
- Programmes of identification of talented young athletes
- Programmes to promote “Women & Sport” actions
- Programmes to raise awareness on the fight against doping and sports betting, etc.
- Working with athletes with disabilities

Obtained objectives / results

EVALUATION OF THE PEDAGOGICAL ASPECTS OF THE PROJECT

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:



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 different groups	<input type="radio"/> Good	<input type="radio"/> Medium	<input type="radio"/> Poor
Comments:			

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	
Audio-visual support <input type="checkbox"/>	Other <input type="checkbox"/>
Overhead projector <input type="checkbox"/>
DVD player <input type="checkbox"/>
Comments:	

Accommodation			
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:			



OTHER

Were there any official representatives (from the NOC or the NF) present during the project? 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 National Olympic Committee, certify that the information provided above is true and accurate.

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

Date:

Stamp