|  |  |
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| National Olympic Committee |  |

|  |  |
| --- | --- |
| Sport |  |

**IMPORTANT: this form must be duly completed and signed by the NOC and returned to Olympic Solidarity *in electronic format* at the latest one (1) month after completion of the course.**

**description of the course**

|  |  |
| --- | --- |
| Course dates | Start date Enter date dd/mm/yyyyEnd date Enter date dd/mm/yyyyTotal duration:  days |
| Course location (city) |  |

|  |  |
| --- | --- |
| Full name of the expert |  |
| Dates of the stay of the expert | Arrival date Enter date dd/mm/yyyyDeparture date Enter date dd/mm/yyyyTotal duration:  days |

|  |  |
| --- | --- |
| Type of technical course | Course level *(according to IF standard)* |
|  |   |

|  |
| --- |
| Participants |
| Coaches PE teachers Other  Total  of whom  women  | NOCs invited, if regional course *(other than the host NOC):**
*
*
 |

|  |
| --- |
| Programme content *(summary)* |
|  |

**EVALUATION of the pedagogical aspects of the course**

|  |  |
| --- | --- |
| Language |   |
| Was interpretation necessary? |  |
| If so, give evaluation: |  |
| Comments: |

|  |  |
| --- | --- |
| Was a local/national expert present? |  |
| Full name of the local expert |  |

|  |  |
| --- | --- |
| Interest and general attitude of the participants |  |
| Level of the participants |  |
| Homogeneity of the group |  |
| Details / comments: |

|  |
| --- |
| Type of evaluation conducted and results of the participants |
| Written evaluation Oral evaluation Other  please specify:  |
|  Details / comments: |

*(Please attach examination results, if available)*

|  |
| --- |
| Participants recommended to benefit from an Olympic Scholarship |
| Family name | Given name | Date of Birth (dd/mm/yyyy) | Nationality |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 *(Please attach additional information if necessary)*

**EVALUATION of the logistical aspects of the course**

|  |
| --- |
| Venue Level |
| Classroom  Training room  Other   |

|  |
| --- |
| Available equipment |
| Audiovisual support  Other Overhead projector  DVD reader   |
| Comments: |

|  |
| --- |
| Accommodation Level |
| Hotel Food  |
| Comments: |

|  |
| --- |
| Local transport Level |
|   |
| Comments: |

|  |  |
| --- | --- |
| Official representatives present during the course (from the NOC or the FN) |  |
| If so, please specify: |

|  |  |
| --- | --- |
| Problems encountered before / during / after the course (with participants, NF, IF, the expert or in general) |  |
| If so, please specify: before  during  after  |
| Comments: |

|  |
| --- |
| General comments |
|  |

**attachments required**

|  |  |
| --- | --- |
| Selection of best photos 1) |  |
| Any other relevant information (i.e. press release, comments, etc.) – Please specify:    |  |

**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.

Stamp

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

This form is also available on NOCnet <http://extranet.olympic.org/nocnet>

1) Please refer to the *Delivery guidelines for the photographs provided by the NOCs* (see Folder II – Communications)