|  |  |
| --- | --- |
| National Olympic Committee |  |

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

**IMPORTANT: this form must be duly completed and signed by the expert and returned to Olympic Solidarity either by the NOC or via the IF concerned *in electronic format* at the latest one (1) month after completion of the course. The expert is not obliged to complete this document before his/her departure.**

**information relating TO the expert**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given name |  |
| Date of birth |  | Nationality |  |
| Correspondence address |  | Email |  |
| Telephone |  |
| Fax |  |

**description of the course**

|  |  |
| --- | --- |
| Course dates | Start date Enter date dd/mm/yyyy End date Enter date dd/mm/yyyy  Total duration:  days |
| Course location (city, country) |  |

|  |  |
| --- | --- |
| Dates of the expert’s stay | Arrival date Enter date dd/mm/yyyy Departure date Enter date dd/mm/yyyy  Total 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 NOC or in general) |  |
| If so, please specify: before  during  after | |
| Comments: | |

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

**the expert**

I, the undersigned, certify that the information provided above is true and accurate.

Stamp

Name and signature: Date:

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