



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/yyyy
	End date	Enter date dd/mm/yyyy
	Total duration:	<input type="text"/> days
Course location (city)		

Full name of the expert		
Dates of the stay of the expert	Arrival date	Enter date dd/mm/yyyy
	Departure date	Enter date dd/mm/yyyy
	Total duration:	<input type="text"/> days

Type of technical course	Course level (according to IF standard)
<input type="checkbox"/> National <input type="checkbox"/> Regional	<input type="checkbox"/> Level 1 (coaching assistant) <input type="checkbox"/> Level 2 (coach) <input type="checkbox"/> Level 3 (advanced/senior coach)

Participants			
Coaches	<input type="text"/>	Total	NOCs invited, if regional course (other than the host NOC): • • •
PE teachers	<input type="text"/>		
Other	<input type="text"/>		
		of whom	<input type="text"/> women

Programme content (summary)



EVALUATION OF THE PEDAGOGICAL ASPECTS OF THE COURSE

Language	<input type="checkbox"/> French <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other
Was interpretation necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give evaluation:	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
	Comments:

Was a local/national expert present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Full name of the local expert	

Interest and general attitude of the participants	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Level of the participants	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Homogeneity of the group	<input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Poor
Details / comments:	

Type of evaluation conducted and results of the participants	
Written evaluation	<input type="checkbox"/>
Oral evaluation	<input type="checkbox"/>
Other	<input type="checkbox"/> 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	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor
Training room	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor
Other	<input type="checkbox"/>	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor

Available equipment	
Audiovisual support	<input type="checkbox"/>
Overhead projector	<input type="checkbox"/>
DVD reader	<input type="checkbox"/>
Other	<input type="checkbox"/>
.....	
.....	
Comments:	

Accommodation	Level		
Hotel	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor
Food	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor
Comments:			

Local transport	Level		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Good	<input type="checkbox"/> Medium	<input type="checkbox"/> Poor
Comments:			

Official representatives present during the course (from the NOC or the FN)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please specify:	



TECHNICAL COURSES FOR COACHES NOC REPORT FORM

Problems encountered before / during / after the course
(with participants, NF, IF, the expert or in general)

Yes No

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:

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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

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)