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

**IMPORTANT: in order for this request to be taken into consideration, this form, duly completed and signed, and the documents mentioned in the “Attachements required” item, should be sent to Olympic Solidarity *in electronic format*, at the very latest two (2) months prior to the start of the training.**

**CANDIDATE INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Family name |  | Given name |  |
| Date of Birth |  | Nationality |  |
| Marital Status |  | Gender |  |
| Correspondence Address |  | Email |  |
| Telephone |  |
| Fax |  |

|  |  |
| --- | --- |
| Sport |  |
| Discipline/specialisation |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Active coach |  | Latest activity | Enter date dd/mm/yyyy |
| Current Level |  |  | Sport for All  Elite Sport |

**EDUCATION: GENERAL AND SPORTS TRAINING (Diplomas, certificates, etc.)**

|  |  |  |
| --- | --- | --- |
| Year | Training | Diplomas awarded |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Sports experience (clubs, athletes coached, past achievements, etc.) | | | |
|  | | | |
| Technical Courses for Coaches followed by the candidate (OS, IF, etc.) | | | |
|  | | | |
| Language(s) 1 = beginner / 5 = fluent | | | |
|  | Spoken | Written | Read |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**information ABOUT THE TRAINING**

|  |  |
| --- | --- |
| Option chosen |  |
| Venue | PANCHO ALVARINO ACADEMY - VALENCIA (SPAIN) |
| Course or seminar (exact title) | ITF LEVEL X |

|  |  |  |  |
| --- | --- | --- | --- |
| Address | AVENIDA TIRSO DE MOLINA, 21, 21 | City | VALENCIA |
| Country | SPAIN |
| Contact Person (Family name /  Given name) | MIGUEL CRESPO | Email | coaching@itftennis.com |
| Telephone | 34 96 348 61 90 |

|  |  |
| --- | --- |
| Length of the course | Start Date Enter date dd/mm/yyyy End Date Enter date dd/mm/yyyy  Total duration: 1,5 months |

|  |  |
| --- | --- |
| Final qualification (diploma, certificate) | ITF LEVEL X COACH |

**Budget proposal**

|  |  |  |
| --- | --- | --- |
| Forecasted expenditure | Budget  (Local currency) | Budget  (USD) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

**attachments required**

|  |  |
| --- | --- |
| Curriculum Vitae |  |
| Medical certificate (validity: less than 3 months prior the application) |  |
| Acceptance letter from the centre/university/IF |  |
| Support letter from the NF |  |
| Copy of the passport |  |
| Covering letter from the candidate |  |
| For the sport-specific training: detailed description of the training course & budget |  |

**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 and support the below-mentioned coach’s application for an Olympic scholarship.

Stamp

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

**the coach / candidate for an olympic scholarship**

I, the undersigned, certify that the information provided on this form is correct. I promise to follow the requested course diligently, and subsequently to use the experience I have acquired to promote sport in my home country.

Name and signature: Date:

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