|  |  |
| --- | --- |
| 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 two (2) month after completion of the project.**

**PROJECT Description**

|  |  |
| --- | --- |
| Dates of the programme | Start date Enter date dd/mm/yyyy End date Enter date dd/mm/yyyy  Total duration:  months |

|  |  |
| --- | --- |
| Full name of the expert |  |
| Dates of the stay  of the expert | 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  Total duration:  days |

|  |
| --- |
| Fulfilled Action Plan |
|  |

|  |
| --- |
| Obtained objectives / results |
|  |

**EVALUATION of the pedagogical aspects of the project**

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

|  |  |
| --- | --- |
| Was a national coordinator present? |  |
| Full name  of the national coordinator |  |

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

**EVALUATION of the logistical aspects of the project**

|  |
| --- |
| 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, NOC, IF 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 National Olympic Committee, 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)