|  |  |
| --- | --- |
| **National Olympic Committee** | Athlete Photo |

Candidate

Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| Given name |  | Family name(s) |  |
| Date of Birth |  | Nationality |  |

|  |  |  |
| --- | --- | --- |
| Gender |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Correspondence Address |  | Email |  |
| Telephone |  |
| Social media details |  |

|  |
| --- |
| Candidate’s background and motivations (past professional experience outside sport, objectives, career plan, etc.) |
| (To be completed by the athlete) |

Sporting details

|  |  |
| --- | --- |
| Olympic sport  |  |
| Discipline(s)/Event(s) |  |
| Best national ranking |  | Best international ranking |  |
| Previous Olympic experience (Games & year) |  |
| Primary sporting achievement(s)(Result, PB, competition date) | 1. 2. 3.  |
| Current athlete career statuts  | ActiveRetirement foreseen within the next 2 yearsRetired |

EDUCATION DETAILS (Current diplomas, certificates, etc.)

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

information ABOUT THE EDUCATION PROJECT

|  |  |
| --- | --- |
| Description of the education project (exact title of course, seminar, internship, etc.) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | City |  |
| Country |  |
| Contact Person(Name/Title ) |  | Email |  |
| Telephone |  |

|  |  |
| --- | --- |
| Length of the course | Start Date Click here to enter a date.End Date Click here to enter a date.Total duration: … months |

|  |  |
| --- | --- |
| Final qualification(diploma, certificate) |  |

attachments required

|  |  |
| --- | --- |
| Curriculum Vitae |  |
| Acceptance letter for the education project (school, university, company, etc.) |  |
| Copy of passport  |  |

Budget proposal

|  |  |  |
| --- | --- | --- |
| Forecast expenditure | Budget (LOC) | Budget(USD) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL** |  | USD  |

Undertakings

|  |
| --- |
| **Medical condition and responsibility:** * There is no medical issue likely to prevent the candidate from undertaking the above-mentioned education project.
* The signatories assume full responsibility for the above statements.
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| **Candidate Profile**An Athlete Career Transition project will make a significant difference to the athlete’s transition from sport to the labour market, and he/she does not have access to alternative means of paying for such a project. |

**CANDIDATE**

I, the undersigned, would like to submit my application and hereby certify that the information provided herein is accurate:

Name and signature: Date:

**National Olympic Committee**

I, the undersigned, President/Secretary General, on behalf of the NOC of ,
would like to propose the above-noted candidate and hereby certify that the information
provided herein is accurate.

Stamp

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