

INTERNATIONAL OLYMPIC ACADEMY

52, Dimitrios Vikelas Avenue, 152 33 Halandri – Athens, Greece

**59th International Session for Young Participants**

**Saturday, 1/6/2019 – Saturday, 15/6/2019**



**PARTICIPANT’S PERSONAL HISTORY FORM**

National Olympic Committee/Academy:

Surname:

First name: Date of birth:

Nationality: Gender: Tel:

Address: E-mail:

Knowledge of languages

What is your mother tongue?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| KNOWLEDGE OF IOA OFFICIALS LANGUAGES | READ | WRITE | SPEAK | UNDERSTAND |
| Easily | Not easily | Easily | Not easily | Easily | Not easily | Easily | Not easily |
| ENGLISH |  |  |  |  |  |  |  |  |
| FRENCH |  |  |  |  |  |  |  |  |
| GREEK  |  |  |  |  |  |  |  |  |

Which discussion group you would like to participate in: 🞏**E**nglish-speaking group 🞏**F**rench-speaking group

Education (Give full details)

A. Secondary school, technical school or apprenticeship

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution, place and country | Years attended | Degrees and academic distinctions | Main course of study |
| from | to |
|  |  |  |  |  |
|  |  |  |  |  |

B. Bachelor education

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution, place and country | Type | Years attended | Certificates or diplomas obtained |
| from | to |
|  |  |  |  |  |
|  |  |  |  |  |

C. Postgraduate Studies

|  |  |  |  |
| --- | --- | --- | --- |
| Name of institution, place and country | Type | Years attended | Certificates or diplomas obtained |
| from | to |
|  |  |  |  |  |
|  |  |  |  |  |

Profession:

Sports career as an athlete:

Sports practiced in the past:

Sports currently practiced:

Awards:

Please indicate the associations or clubs of which you are a member:

Career as a sports official: (Please list duties assumed within a club or at regional, national or international level)

What is your particular interest in the field of sports:

State in 5 lines why you wish to participate in the I.O.A. Session:

Write down any publications you have issued:

REMARKS:

DATE: SIGNATURE (Participant):

Confirmed by the NOC / NOA of SIGNATURE & OFFICIAL SEAL

 OF NOC / NOA:

**Note:** Please return this questionnaire, fully completed, as soon as possible to the International Olympic Academy.

**By e-mail** at: a.borbotsialou@ioa.org.gr , s.tachtara@ioa.org.gr or ioa@ioa.org.gr

Please, also, forward a recent passport-size photo (electronically)