**2019 Dakar ITU Coaches Level 1 Course**

**Dakar, Senegal – 9-13 December 2019**

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| **GENERIC INFORMATION\*** | | | | | |
| **National Federation** |  | | | | |
| **First name**  (as worded on passport) |  | | | | |
| **Family name**  (as worded on passport) |  | | | | |
| **ITU Registration Number**  (if applicable) |  | | | | |
| **Nationality** |  | | | | |
| **E-mail address (individual)** |  | | | | |
| **Phone Number**  (with country code) |  | | | | |
| **Date of Birth**  (dd/mm/yyyy) |  | | | | |
| **Gender** | Male | | Female | | |
| **Medical Insurance Details**  (insurance plan and number)  Please scan a copy of insurance certificate with your application |  | | | | |
| **Please indicate if you have any special nutritional requirements.** |  | | | | |
| **Emergency Contact**  Please list name and contact phone number (incl. country code) and email we can use in the case of an emergency. |  | | | | |
| **Your level of English**  (oral) | Beginner | Intermediate | | | Advanced |
| **Your level of English**  (written) | Beginner | Intermediate | | | Advanced |
| **Internet Access**  Do you have daily access to Internet? | YES | | | NO | |
| **Computer / Laptop Access**  Do you have daily access to a computer/laptop? | YES | | | NO | |

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| **COACHING EXPERIENCE / COACH PROFILE\*** | |
| **Years in coaching** |  |
| **In triathlon** |  |
| **Other sports**  (Please specify) |  |
| **Level of athletes coached** |  |
| **Ages of athletes coached** |  |
| **Coaching Education**  \*\*List all coaching-relevant education, courses, etc. |  |
| **Coach Profile**  \*\*Please, provide a brief description of the coach’s character and abilities. |  |
| **Reason for nomination**  \*\*Provide reasons why this coach was chosen for the course |  |

*\*Please make sure that all details will be provided.*

*\*\*NFs can supplement this information with the coach’s sporting CV if available*

I, the undersigned, Representative of the National Federation and the Candidate, certify, that the information provided above is accurate, true and correct.

Stamp

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| --- | --- | --- |
| (NF Representative Name, Function and Signature) |  | (Signature of the Candidate) |

This application must be sent to [name] ([e-mail](mailto:development@triathlon.org) address) **latest by the application deadline published on** [**https://www.triathlon.org/development/calendar**](https://www.triathlon.org/development/calendar).