

2020 Young Participants Session

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: