



Academic year: 20..... / 20.....

PERSONAL DATA

Surname

First name

Gender

Date of birth

Place of birth

Address

Postcode, City

Phone

E-Mail

SPORTING CAREER

Status

Please share details of your current sporting status.

Sport

NOC status Yes No I do not know

Competition level International National Regional

Name of federation or club

Name and contact of main sport coach or sporting contact (if desired)

How is your season organized? Competition Tournaments Other

How often do you train? _____ times a week

When do you train? Morning Afternoon Evening

How often do you have a competition? _____ times a month

(How often and where) do you attend training camps? Yes _____ times a year No International
 National Regional

How long does travelling from home to your training location take? _____ minutes

How long does travelling from home to your school or your educational institute take? _____ minutes





How long does travelling from school or your educational institute to your training location take? _____ minutes

Achievements

Please list details on your biggest sporting achievements to date.

Year	Competition	Result

EDUCATIONAL CAREER

School

Please list your schooling career.

Institute & school level	Location	Time period	Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Other formal education

Please list other formal educational achievements.

Institute & programme	Location	Time period	Diploma
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No





DUAL CAREER PROGRAMME

Goals

Please list your short-term (1 year, line 1) and medium-term (2 years, line 2) dual career goals.

Sport

Education

Short:

Medium:

Which field of study do you intend to enrol in at this university?

Which course(s) do you want to attend to at this university?

What kind of support do you require for your dual career from this university?

How can your sport federation or club contribute to your dual career?

CHECKLIST

Topic	Arranged?	Comments
financial support	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
accommodation	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
travel arrangements triangle sport education private	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
introduction to key persons for digital and physical University services	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
academic flexibility possibilities	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
do you have a personal study plan/idea?	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No	
access to sport facilities	<input type="checkbox"/> Yes <input type="checkbox"/> Partly	





	<input type="checkbox"/> No
access sport support infrastructure (coaching, physio, etc)	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No
private support network	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No
connect with other athletes	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No
connect with other student athletes at the university	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No
other specifications: Dyslexia, ADHD etc.	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No
other	<input type="checkbox"/> Yes <input type="checkbox"/> Partly <input type="checkbox"/> No

REMARKS