

**Association / Federation**  
**Year of \_\_\_\_\_ Coach Quarterly Report**

<b>1. Coach's Personal Information</b>					
Name:		Present Occupation:		Working Unit:	
Quarterly Report	<input type="checkbox"/> January – March (Please submit before 7 April) <input type="checkbox"/> April – June (Please submit before 7 July) <input type="checkbox"/> July – September (Please submit before 7 October) <input type="checkbox"/> October – December (Please submit before 31 January next year)				
Working hours and content (If there are multiple training sessions or general working hours, please list them separately)	Month :				
	Date and time :				
	Venue :				
	Work Content :				
Any training courses taken in this calendar year (courses related to enhancement of own professional knowledge or expertise)	Name of the Course :				
	Course Certificate :		Yes <input type="checkbox"/> (attach a copy) / No <input type="checkbox"/>		
<b>2. Athletes of the Training Team's Information</b>					
Number of athletes to be trained:	Total:		Male:		Female:
List of athletes who have received training subsidies					
List of athletes who haven't received any training subsidies					
Injured athlete (s) (Please provide name list if appropriate)				Followed by our Sports Medical Centre:	Yes <input type="checkbox"/> / No <input type="checkbox"/>
Already taken the annual body examination					
Absence of the annual body examination	Name List:				
	Reapply:	Yes <input type="checkbox"/> / No <input type="checkbox"/>			
Competition for preparation / Details of the competitions which will be taken in these 3 months ( Name of the competition, Date, Number of athletes and Expected results ) :					

Signature of the Coach : \_\_\_\_\_ Confirmation of the President /  
 Representative of the Board : \_\_\_\_\_ Date : \_\_\_\_\_

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(1) Analysis of the entire team of athletes (please analyze not less than 200 words for those who haven't received the training subsidies) :

(2) Individual athlete analysis (please provide the analysis report and annual competition plan for each individual athlete who has received the training subsidies)

**4. Difficulties and suggestions related to the training (Can be submitted by attachment)**

**5. This quarter competition / Training situation**

	Name of the Event ( Host Country / City )	Date	Result / Effectiveness
Competition <input type="checkbox"/> / Training <input type="checkbox"/>			
Competition <input type="checkbox"/> / Training <input type="checkbox"/>			
Competition <input type="checkbox"/> / Training <input type="checkbox"/>			
Competition <input type="checkbox"/> / Training <input type="checkbox"/>			

※ P.S. :

1. Please provide the detail training content and sign by the Coach;
2. The attendance list of coach and athletes should be enclosed together with this report;
3. If the space is not enough to fill, please supplement information by attachment.

Signature of the Coach : \_\_\_\_\_ Confirmation of the President /  
 Representative of the Board : \_\_\_\_\_ Date : \_\_\_\_\_