



## Surf Life Saving Queensland Junior Activities Preliminary Pool Evaluation Endorsement

Name of child: .....

Club: .....Metropolitan-Caloundra Surf Lifesaving Club.....

I ..... have witnessed the above child complete the Preliminary Pool Evaluation to the following standard:

AGE GROUP (Please Tick)		SWIM	FLOAT	Float (C/NYC) *	Pool Swim Time
<input type="checkbox"/>	Under 6	Kick on the wall – face in the water	30 second		
<input type="checkbox"/>	Under 7	Torpedo (push off the wall) face in the water	30 second		
<input type="checkbox"/>	Under 8	25 metres (freestyle)	1 minute		
<input type="checkbox"/>	Under 9	50 metres (freestyle)	1 minute		
<input type="checkbox"/>	Under 10	50 metres (freestyle)	1.5 minute		
<input type="checkbox"/>	Under 11	100 metres (freestyle)	2 minute		
<input type="checkbox"/>	Under 12	100 metres (freestyle)	2 minute		
<input type="checkbox"/>	Under 13	150 metres (freestyle)	3 minute		
<input type="checkbox"/>	Under 14	200 metres (freestyle) in less than 5 minutes	3 minute		

\* C = Competent, NYC = Not Yet Competent

I am aware that the information contained on this form will be used as formal proficiency testing information for Surf Life Saving Queensland Junior Activities Programs and any inaccurate recordings could result in a potentially dangerous situation for the named child, Surf Life Saving Club, and Surf Life Saving Queensland. I confirm the above information is recorded as true and accurate.

I understand that I must provide proof of my CURRENT accreditation for the award to be processed. I have attached and/or supplied a photocopy of my current:

- ☐ Bronze Accredited Swim Coach
- ☐ Surf Coach Accreditation
- ☐ AUSTSWIM Instructor Accreditation

Signed: ..... Date: .....

Name:.....

Updated June 2012

To be returned via email to [kate@caloundrasurfclub.com.au](mailto:kate@caloundrasurfclub.com.au)