



## SLSQ South Coast Branch

### Junior Activities Preliminary Pool Evaluation Endorsement

Name of child: \_\_\_\_\_

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
Under 6	Kick on the wall – face in the water	30sec		
Under 7	Torpedo (push off the wall) face in the water	30sec		
Under 8	25 metres (freestyle)	1min		
Under 9	50 metres (freestyle)	1 min		
Under 10	50 metres (freestyle)	1.5 min		
Under 11	100 metres (freestyle)	2 min		
Under 12	200 metres (freestyle)	2 min		
Under 13	300 metres (freestyle)	3 min		
Under 14	400 metres (freestyle) in less than 9 minutes	3 min		

\* 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
- Junior Activities Accreditation Officer
- AUSTSWIM Instructor Accreditation

Signed \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_