

Junior Activities Preliminary Pool Evaluation Endorsement 2020/21

Name of child/children & DOB: 1. _____ - _____
 2. _____ - _____
 3. _____ - _____
 4. _____ - _____

I _____, have witnessed the above child/children complete the Preliminary Pool Evaluation to the following standard:

Age	Date of Birth	Swim	Swim (C/NYC)	Float	Float (C/NYC)
U6	1 st Oct 14 to 30 th Sept 15	Kick on the wall - face in water		30 sec	
U7	1 st Oct 13 to 30 th Sept 14	Torpedo off wall – head in water		30 sec	
U8	1 st Oct 12 to 30 th Sept 13	25 m freestyle		1 min	
U9	1 st Oct 11 to 30 th Sept 12	50 m freestyle		1 min	
U10	1 st Oct 10 to 30 th Sept 11	100 m freestyle		1.5 min	
U11	1 st Oct 09 to 30 th Sept 10	100 m freestyle		2 min	
U12	1 st Oct 08 to 30 th Sept 09	200 m freestyle		2 min	
U13	1 st Oct 07 to 30 th Sept 08	200 m freestyle		3 min	
U14	1 st Oct 06 to 30 th Sept 07	200 m freestyle under 5 mins	Time:	3 min	

* C = Competent, NYC = No Yet Competent

Age groups determined by age on September 30 2020. e.g. if 8 on Sept 30 = U9s. If turns age 8 on Oct 1 = U8s

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: _____

Name: _____

Date: _____

Attached a copy of your
current accreditation here