



# BMD NORTHCLIFFE SURF CLUB

## Junior Activities Preliminary Pool Evaluation Endorsement 2021/22

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 Oct 2015 - 30 Sept 2016	Kick on the wall - face in water		30 sec	
U7	1 Oct 2014 - 30 Sept 2015	Torpedo off wall – head in water		30 sec	
U8	1 Oct 2013 - 30 Sept 2014	25 m freestyle		1 min	
U9	1 Oct 2012 - 30 Sept 2013	50 m freestyle		1 min	
U10	1 Oct 2011 - 30 Sept 2012	100 m freestyle		1.5 min	
U11	1 Oct 2010 - 30 Sept 2011	100 m freestyle		2 min	
U12	1 Oct 2009 -30 Sept 2010	200 m freestyle		2 min	
U13	1 Oct 2008 - 30 Sept 2009	200 m freestyle		3 min	
U14	1 Oct 2007 - 30 Sept 2008	200 m freestyle under 5 mins	Time:	3 min	

\* C = Competent, NYC = No Yet Competent

Age groups determined by age on September 30 2021. 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