

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
<input type="checkbox"/> Under 6	Kick on the wall – face in the water	30sec		
<input type="checkbox"/> Under 7	Torpedo (push off the wall) face in the water	30sec		
<input type="checkbox"/> Under 8	25m freestyle	1min		
<input type="checkbox"/> Under 9	50m freestyle	1 min		
<input type="checkbox"/> Under 10	50m freestyle	1min 30sec		
<input type="checkbox"/> Under 11	100m freestyle	2 min		
<input type="checkbox"/> Under 12	200m freestyle	2 min		
<input type="checkbox"/> Under 13	200m freestyle	3 min		
<input type="checkbox"/> Under 14	200m freestyle in less than 5 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 _____