

POOL SWIM ASSESSMENT TEST FORM

Note: This form can only be completed by a current SLSC Assessor, Chief Training Officer, Level 1 Swim Coach or delegate appointed by the Chief Training Officer.

Member's Name: _____

Member's Club: Mermaid Beach AEME

Location that Pool Swim was conducted: _____

I certify that the member named above completed a pool swim (Bronze Medallion: 400m in 9 mins or less, Surf Rescue Certificate: 200m in 5 mins or less) in the time detailed below.

Swim Time: _____ **Distance (please tick):** ☐ 400m ☐ 200m

Assessor / Swim Coach Name (please print): _____

Assessor / Swim Coach Signature: _____

Assessor No. / Accreditation No.: _____

Date: _____

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