



The life of the beach.

POOL SWIM ASSESSMENT TEST FORM

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

Members Name: _____

Members Club: _____

Location that Pool Swim was conducted: _____

I certify that the member named above completed a pool swim (Bronze Medallion: 400m in 9mins 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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