

SWIM TEST - STATEMENT OF COMPETENCY

Swimmer to Complete

<i>Swimmer Name:</i>	<i>Contact Number:</i>
<i>Swimmer Address:</i>	
<i>Reason for Assessment:</i>	
<i>Distance required:</i>	
<i>Any Special Instructions and/or Requirements as part of this Assessment (e.g.: No-Stopping / All Freestyle / Type of Strokes/ Time Limit / Who can authorise assessment/ etcetera):</i>	
<i>Swimmer Declaration: The information provided above is true, accurate and complete with respect to this assessment request.</i>	
<u>Signature of Swimmer:</u>	

Staff Member to Complete

<i>Date:</i>	<i>Venue Name:</i>
<i>Staff Member Name:</i>	<i>Length of Pool:</i>
<i>Staff Member Signature:</i>	<i>Staff Member Position:</i>
<i>Staff Member Declaration:</i>	
<i>The person stated above has performed the swim assessment/ task as per the Requirements and Special Instructions supplied.</i>	
YES	NO
<i>(Please circle)</i>	
<u>Signature of Staff Member:</u>	