



SWIM TEST - STATEMENT OF COMPETENCY

Swimmer to Complete

Swimmer Name:	Contact Number:
Swimmer Address:	
Reason for Assessment:	
Distance required:	
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):	
Swimmer Declaration: The information provided above is true, accurate and complete with respect to this assessment request.	
<u>Signature of Swimmer:</u>	

Staff Member to Complete

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

STAFF NOTE: Special Note: Any Community Aquatics Staff Member ,ay complete this form, unless the Swimmer requesting this assessment specifies a particular qualified staff member and/or position.