



**SWIM EVALUATION PROFICIENCY RECORD**

This form can only be completed by;

- **An Age Manager**
- **Level 1 Swim Coach,**
- **Training Officer (SRC / Bronze)**
- **Delegated SRC/Bronze holder**

**Members Name:** \_\_\_\_\_

**Members Club:** Salt SLSC

**Location that Pool Swim was conducted:** \_\_\_\_\_

**Assessor / Swim Coach Name (please print):** \_\_\_\_\_

**Assessor / Swim Coach Signature:** \_\_\_\_\_ **ASTCA number:** \_\_\_\_\_

I certify that the member named above completed proficiency requirement for the following age group (please tick box for the age group):

<b>Proficiency Requirements</b>			
<b>Age Group</b>	<b>Swim Distance (stroke)</b>	<b>Survival float duration</b>	<b>Proficient (tick box)</b>
<b>Under 6</b>	Front Glide, return to standing	Back or Front float using buoyancy aid	
<b>Under 7</b>	Front Glide and kick for 3m, return to standing	Back or Front float for a few seconds	
<b>Under 8</b>	25 metre swim (any stroke)	1 minute	
<b>Under 9</b>	25 metre swim (any stroke)	1 minute	
<b>Under 10</b>	25 metre swim (freestyle)	1.5 minute	
<b>Under 11</b>	50 metre swim (freestyle)	2 minute	
<b>Under 12</b>	100 metre swim (freestyle)	2 minute	
<b>Under 13</b>	150 metre swim (freestyle)	3 minute	
<b>Under 14</b>	200 metre swim (freestyle)	3 minute	