

Preliminary Evaluations – Third Party Declaration

Child's Name: _____

Child's Age Group: _____

Child's Club: _____

Instructions to Assessor: Based on the child's age group, please ensure they can complete the tasks outlined in the table below. Initial that the task/s have been successfully completed and then sign, date and identify the organisation you represent below the table. Thank you for your assistance.

Age Group	Preliminary Evaluations	Comments (if required)	Task completed - Initial
Under 6	From a standing position in waist deep water, perform a front glide and recover to a secure position.		
	Perform a back or front float holding a buoyant aid and recover to a secure position.		
Under 7	From a standing position in waist deep water, perform a front glide, kick for 3m and recover to a secure position.		
	Perform a back or front float for a few seconds and recover to a secure position.		
Under 8	25m swim (any stroke)		
	1 minute survival float		
Under 9	25m swim (any stroke)		
	1 minute survival float		
Under 10	25m swim (freestyle)		
	1 ½ minute survival float		
Under 11	50m swim (freestyle)		
	2 minute survival float		
Under 12	100m swim (freestyle)		
	2 minute survival float		
Under 13	150m swim (freestyle)		
	3 minute survival float		

Assessor's Name: _____

Assessor's Signature: _____

Organisation: _____

Date: _____