



Nipper Preliminary Pool Evaluation Form

Junior Member's Name (Nipper): _____

Location where Evaluation was Conducted: _____

I certify that the above-named member successfully completed the Pool Test as specified below

Age Group (circle): U6 U7 U8 U9 U10 U11 U12 U13 U14

Assessor's Name: _____

Assessor's Accreditation _____

Assessor's Signature: _____ Date: _____

Age Group	Pool Test
Under 6 Age 5 as at 30 Sept	Kick on wall with face in water AND 30 second float
Under 7 Age 6 as at 30 Sept	Torpedo push off wall with face in water AND 30 second float
Under 8 Age 7 as at 30 Sept	25m swim AND 1 minute float
Under 9 Age 8 as at 30 Sept	50m swim AND 1 minute float
Under 10 Age 9 as at 30 Sept	50m swim AND 1.5 minute float
Under 11 Age 10 as at 30 Sept	100m swim AND 2 minute survival float
Under 12 Age 11 as at 30 Sept	100m swim AND 2 minute float
Under 13 Age 12 as at 30 Sept	150m swim AND 3 minute float
Under 14 Age 13 as at 30 Sept	200m swim < 5 minutes AND 3 minute float Write Swim time here: _____

Assessor must be a: Bronze Accredited Swim Coach; OR SLSA Level 1 Surf Coach; OR AUSTSWIM Instructor; OR Junior Activities Accreditation Officer; OR Assessor (SRC/Bronze).