

Junior Preliminary Skills Evaluation 2021/22

It is a requirement of Life Saving Victoria that all Nippers complete a Preliminary Skills Evaluation prior to participating in any water based activities at your club. These assessments can be completed either in a swimming pool or in open water. The below competency is required to be completed by one of the below assessors:

Assessors	AUSTSWIM or equivalent Teacher of Swimming & Water Safety, Foundation Coach, Performance Coach, Development Coach, Core Official, Technical Official, Senior Official, Performance Official, Training Officer (SRC/Bronze), Assessor (SRC/Bronze), Age Manager Presenter
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Once complete please return to _____

_____ (Name) from _____ (Club) has completed the following swim and survival float for the relevant age group competently.

Age Group	Swim Requirement	Float Requirement	Competency (relevant age group)
U6 (1 Oct 2015 – 30 Sept 2016)	From a standing position in waist deep water perform a front glide and recover to a secure position.	Perform a back float for 15 seconds whilst holding a buoyant aid and recover to a secure position.	
U7 (1 Oct 2014 – 30 Sept 2015)	From a standing position in waist deep water perform a front glide, kick for 3m and recover to a secure position.	Perform a back float for 30 seconds and recover to a secure position.	
U8 (1 Oct 2013 – 30 Sept 2014)	25 metre swim (any stroke)	1 minute survival float (on back)	
U9 (1 Oct 2012 – 30 Sept 2013)	25 metre swim (any stroke)	1 minute survival float (on back)	
U10 (1 Oct 2011 – 30 Sept 2012)	25 metre swim (freestyle/front crawl)	1 1/2 minutes survival float (on back)	
U11 (1 Oct 2010 – 30 Sept 2011)	50 metre swim (freestyle/front crawl)	2 minutes survival float (on back)	
U12 (1 Oct 2009 – 30 Sept 2010)	100 metre swim (freestyle/front crawl)	2 minutes survival float (on back)	
U13 (1 Oct 2008 – 30 Sept 2009)	150 metre swim (freestyle/front crawl)	3 minutes survival float (on back)	
U14 (1 Oct 2007 – 30 Sept 2008)	200 metre swim (freestyle/front crawl within 5 minutes)	3 minutes survival float (on back)	

Name of Assessor: _____

Qualification: _____

Signature: _____ Date: _____

