



LTS WATERMANSHIP ASSESSMENT

To be conducted before the course or on the first day of the course and all candidates must undergo the assessment.

Candidate Information

Name:			
Address:			
Course Code:		Cell / Tel nr:	

Assessor Information

Name:		Assessor SSA Reg. number	
Assessment date:		Assessment Venue	
Time:			

Assessment Criteria

Practical Swimming (Waterman-ship)	Competent	Needs Assistance
25 meters of a recognized FINA stroke		
25 meters of Back Survival		
25 meters of Side Stroke		
Rescue Competence	Competent	Needs Assistance
Reaching rescue (Dry rescue)		
Non-Contact rescue (Wet rescue)		

I have assessed the candidate's swimming and water safety ability

I have found the candidate:

COMPETENT		NEEDS ASSISTANCE (must be assessed again)	
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Should the candidate **Need assistance** the Assessor recommends the following course of action';

Assessor: _____ Signature: _____

Date: _____

Candidate: _____ Signature: _____

Date: _____