SISCAQU002 Perform basic water rescues SISCAQU008 Instruct water familiarisation, buoyancy and mobility skills SISCAQU009 Instruct water safety and survival skills SISCAQU010 Instruct swimming strokes



## **Evidence Submission Checklist**

Student Name:
Swim School Manager Name:
Site:
☐ Student Agreement Declaration
Rescues Video Evidence (SISCAQU002)
☐ Teaching Video Evidence (SISCAQU008, SISCAQU009 & SISCAQU010)
☐ Completed Lesson Plan activity sheet
☐ Completed Feedback Survey Questions activity sheet
☐ Completed Self Evaluation activity sheet
By signing this document, I confirm that the above evidence has been completed and submitted.
Student Signature:
Swim School Manager Signature:
Date: