



New Swimmers Checklist

New Member Health and Safety/Risk Assessment.

To be filled in for new members requiring assistance.

To be handed to a Turtles official/helper at poolside once completed.

Member/Swimmer Details				
Member Details	Full Name			
	Swimmer's age (if under 16)			
	Contact Number (whose)			
	Do they have a disability?	Yes / No		
	Explain the nature of the disability and its impact for swimming.			
	Do they have epilepsy?	Yes / No		
	Can the new member swim?	Yes / No		
	If so, how far and how confident?			
	Is tuition required?	Yes / No		
Task	What do they want to achieve?	Fun	Safety	Swim
Individual	What motivates them?			
Load	Would the member's carer need support?	Yes / No		
Environment	What's the best environment?	Quiet / Busy		
Accompanying Adult/Carer MUST be able to swim if new member cannot swim or is under 16 years of age.	Adult/Carer Name			
	Can the Adult/Carer swim?	Yes / No		
	How competent?			
	Does the Adult/Carer have any medical conditions we need to be made aware of? If yes please give details.	Yes / No		
Interviewed by	Has the member been accepted for a trial?	Yes / No		
	If no please explain why not.			
<p>The completed form needs to be handed in to a Turtles official/helper who will provide assistance with selecting appropriate swimming equipment/aids and will let new member(s) know how our swimming sessions work.</p>				
<p>Please note all children who are unable to swim will be required to wear a buoyancy aid. We hope you enjoy your swim session with the Turtles.</p>				
SIGNED:				
DATE:				

