| \\staffserver\user documents\aholley\Rebranding to BSSP\BSSP_Logo_2020_RGB.jpg | **Appendix X****SWIMMING CLASS REGISTER AND STUDENT INFORMATION** |
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| **School:**  | **No. of Pupils:** | **Pool used:**  | **Session Time:** |
| **Accompanying Adult/s (qualified to a minimum of Support Teacher of School Swimming):** | **Name of one to one spotter/s if required:** |
|  | **Name of child** | **Can swim 10m?****Yes/No** | **Medical condition** | **Additional needs** **(SEND)** | **Risk measurement measure in place** | **Swim Star Award** | **Attendance (dates)** |
| **1** |  |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |  |
| **8** |  |  |  |  |  |  |  |
| **9** |  |  |  |  |  |  |  |
| **10** |  |  |  |  |  |  |  |
| **11** |  |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |  |
| **14** |  |  |  |  |  |  |  |
| **15** |  |  |  |  |  |  |  |
| **16** |  |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |  |
| **31** |  |  |  |  |  |  |  |
| **32** |  |  |  |  |  |  |  |

| **Signature of swimming instructor (signature required for each session):** |
| --- |
| ***Notes: Swimming instructors should assess the swimming ability of the children and record it here and sign the register each week to confirm accurate record of the children present.*** |

| \\staffserver\user documents\aholley\Rebranding to BSSP\BSSP_Logo_2020_RGB.jpg | **APPENDIX X****INFORMATION FOR LEISURE PROVIDERS** |
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| **School Name:** |
| --- |
| **Year Group:** | **Number of Pupils:** |
| **Dates swimming (from – to):** | **Pool used:** |
| **Accompanying Staff:** | **Qualifications:** | **Date:** | **Certificate seen****Yes / No** | **Signature to vouch for understanding of current NOP/EAP** |
|  |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Risk Assessment shared and agreed – Yes / No**  | **Date:** |  |  |  |