

# EXAMINER REPORT FORM



LOVE 2 SWIM- WONDER & COURAGE



Venue:

School/ Group:

Term:

Dates:

Instructor:

Students Name:

Wonder - Level One

Wonder - Level Two

Wonder - Level Three

Courage - Level One

Courage - Level Two

Courage - Level Three

Courage - Level Four

Courage - Level Five

Swim Star

Water Smart

1

2

3

4

5

6

7

8

9

10

11

12

**Total:**

Examiner Name:

Examiner No:

ROYAL LIFE SAVING SOCIETY QLD,  
PO BOX 1093

Examiner Signature:

Exam Date:

CAPALABA D.C. QLD 4154  
Tel: (07) 3823 2823 Fax: (07) 3823 2423



**Royal Life Saving Queensland**