

QUEENSLAND POLICE SERVICE





Certificate of Swimming Proficiency

Part A – To be completed by Applicant

Given Name(s):	Surname:	
Residential Address:		
	State:	Postcode:
Signature of Applicant:		
Date:		
Part B – To be completed by a registered Swimming Organisation		
Please attach any supporting document the above person (e.g. Bronze Medallion		nming proficiency of
Driver Licence or other form of photographic ide	entification sighted (plea	se circle) YES / NO
The above applicant (Full name)		
Has demonstrated proficiently their ability to sw	/im unaided.	
Signature of Swimming Instructor:		
Name of Swimming Instructor:		

Name of Organisation:

Address: _____

State: _____ Postcode: _____Contact Phone No: _____

Date: _____

Organisation stamp above

Please note: This document is to be used for Queensland Police Service recruitment purposes only.