

SWIMMING CLASS REGISTER AND STUDENT INFORMATION

School:			No. of Pupils:		Pool used:		Session Time:	
Accompanying Adult/s (qualified to a minimum of Swim England 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								

Oxfordshire County Council Health and Safety Policies and Procedures
Safe Practice in School Swimming Policy
Appendix P: Swimming Class Register and Student Information
June 2018

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.

INFORMATION FOR LEISURE PROVIDERS

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
Risk Assessment shared and agreed – Yes/No	Date			