



Life Saving
Victoria

ASSESSOR ATTENDANCE FORM

Please tick the appropriate box:

Assessment

Proficiency

Gear Inspection

Patrol Inspection

Other

Club/Group: _____

District: _____

Venue: _____

Date: _____

Awards Assessed: _____

Total no. of candidates: _____

Sheet - _____ of _____

Assessors in attendance:

Surname	First name	Signature	Club	Assessor Number	Full / Prob.

Assessor in charge: _____

Signature: _____



District Officer Stamp

Assessor Attendance Form