



QUEENSLAND POLICE SERVICE



Recruiting Section
GPO Box 1440, Brisbane QLD 4001
TELEPHONE 1300 BE A COP (23 2 267)
EMAIL Recruiting-Applications@police.qld.gov.au

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

The above applicant (Full name) _____
Applicant provided a form of photographic identification for sighting (please circle) **YES / NO**
Applicant has demonstrated their ability to swim 100 metres unaided (please circle) **YES / NO**
Signature of Swimming Instructor: _____
Name of Swimming Instructor: _____
Name of Organisation: _____
Address: _____
State: _____ Postcode: _____ Contact Phone No: _____
Date: _____

Organisation stamp above