

## School Swimming and Water Safety Planning Sheet

Pool		First date::	
Pool Coordinator		Last date:	
School:		No of days (five) 5	
Email:		Telephone	

Pool	Session Times	Name of School	No of Students	No of school escort teachers	No of casual teacher swim instructors	No of community member swim instructors

Name(s) of Swimming Instructors Employed Austswim Qualified Casual Teachers (CT) and/or Austswim Qualified Community Members (CM)	Payment of Rate Day/Hour (Office Use)	Hours Worked	Total Amount Paid (Office Use)

Please return to: [schoolswimming@det.nsw.edu.au](mailto:schoolswimming@det.nsw.edu.au) THREE (3) WEEKS PRIOR TO COMMENCEMENT OF THE PROGRAM