



SWIMMING SOUTH AFRICA

Web Site: www.swimsa.org

LTS TEACHERS/COACHES COURSE

LOG SHEET

LEARNERS NAME : _____

PHYSICAL ADDRESS : _____

_____ Code: _____

TELEPHONE NUMBER _____

Teachers/Coaches Name & Surname	Teacher/Coaches SSA Reg. No:	Affiliates Reg. No:	Date of Logging	Hours Logged	Teachers/Coaches Signature

Learners Signature: _____ Date: _____

Assessors Signature: _____ Date _____

**Note: This must be done with at least 2 different qualified and registered teachers / coaches.
The teacher / coach must have a years teaching or coaching experience before they may accept students for logging/mentoring.**