

## **FIREFIGHTER PHYSICAL FITNESS (SHUTTLE RUN) LEVEL 9.6**

# **REMOTE ASSESSMENT COMPLETION STATEMENT**

 **FORM 3**

**Candidate details**

Name: Date of Birth:

Address:

**This section must be completed by a qualified fitness instructor holding a minimum Cert IV in Fitness:**

Instructor Name: Contact Number:

Fitness Facility Name:

Qualification:

**As the qualified person supervising this assessment, I confirm I have undertaken the following:**

* **Checked the candidate’s driver’s license to verify their identity**
* **Read the shuttle run instruction and relayed to the candidate**

**Successful Shuttle Run Assessment**

I hereby certify that the abovementioned candidate undertook the shuttle run at this fitness facility under my direct supervision and satisfactorily completed the Shuttle Run to level 9.6

Signed: Date:

**Incomplete Shuttle Run Assessment**

I hereby certify that the abovementioned candidate undertook the shuttle run at this fitness facility under my direct supervision, but was unable to satisfactorily complete the Shuttle Run to level 9.6

Signed: Date: