



Meritorious Awards and Commendations

NOMINATION FORM

- ✓ Please complete ALL fields on the nomination form using clear print in blue or black pen
- ✓ Please attach additional information if space is not sufficient.
- ✓ In order to assess this application, please include the following supporting documents:
 - A copy of the incident report log
 - A copy of the patrol log
 - Other supporting information or statements e.g. Police, Ambulance, public witness statements

Award Criteria

Award criteria and information on meritorious awards and commendations can be found at www.slsa.asn.au under 'Club and member information' - 'Recognition'.

Privacy

These personal details are being collected by Surf Life Saving Australia for the purpose of nominating members for commendation or meritorious award. Personal information may be disclosed to the media for the purpose of promoting and recognising the meritorious rescue. Candidates have the right to discuss the disclosure of personal information by contacting Surf Life Saving Australia. Please see www.slsa.com.au for contact details.

NOMINEE DETAILS	
(please include as many details as possible of the potential award recipient)	
Name of nominee: Mr. / Mrs. / Miss. / Other	
Nominee's postal address: (please include postcode and state)	
Nominee's date of birth/age:	
Nominee's contact phone no:	
Nominee's contact email:	

NOMINEE'S CLUB DETAILS		
(where applicable)		
Club name (in full):		
Club postal address: (please include postcode and state)		
Club phone number:	Club email address:	Club website:



Nominee's membership category:	
Awards held by nominee:	

DETAILS OF INCIDENT

Location:	Date: / /	Time: : <input type="checkbox"/> AM <input type="checkbox"/> PM		
Weather Conditions:				
Wind:	<input type="checkbox"/> Nil	<input type="checkbox"/> Slight	<input type="checkbox"/> Moderate	<input type="checkbox"/> Strong
Seas:	<input type="checkbox"/> Calm	<input type="checkbox"/> Chop	<input type="checkbox"/> Moderate	<input type="checkbox"/> Rough
Wave Height:	<input type="checkbox"/> 0 – 0.5m	<input type="checkbox"/> 0.5 – 1.5m	<input type="checkbox"/> 1.5 – 2.5m	<input type="checkbox"/> 2.5m +
Visibility:	<input type="checkbox"/> Poor (dark or thick fog)		<input type="checkbox"/> OK (some fog or dawn/dusk light)	<input type="checkbox"/> Good (clear and well lit)
Summary of incident:				



Involvement of nominee:	
Equipment used:	

DETAILS OF PERSONS ASSISTED

(1)

Name of person: Mr. / Mrs. / Miss. / Other	
Date of birth/age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone no: (if known):	Email address (if known):

Condition at time of rescue:

Outcome:

(2)

Name of person: Mr. / Mrs. / Miss. / Other	
Date of birth/age:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Phone no: (if known)	Email address (if known):

Condition at time of rescue:

Outcome:



NOMINATION FORM: ENDORSEMENTS

PERSONAL DETAILS OF PERSON SUBMITTING THE NOMINATION FORM:	
(If details are the same as club/branch/state/national please write "see 'x' below")	
Full name: Mr. / Mrs. / Miss. / Other	
Postal address: (please include postcode and state)	
Contact phone no:	Contact email:
Recommended type and level of award:	
Club rep. comments or rationale:	
Signature:	Date:

CLUB ENDORSEMENT	
Name of club:	
Name of club representative: Mr. / Mrs. / Miss. / Other	
Club rep. position title:	
Club rep. contact phone no:	Club rep. contact email:
Recommended type and level of award:	
Club rep. comments or rationale:	
Club rep. signature:	Date:



BRANCH ENDORSEMENT (NSW AND QLD ONLY)	
Name of branch:	
Name of branch Rep.: Mr. / Mrs. / Miss. / Other	
Branch rep. position title:	
Branch rep. contact phone no:	Branch rep. contact email:
Recommended type and level of award:	
Branch rep. comments or rationale:	
Branch rep. signature:	Date:

STATE ENDORSEMENT	
State:	
Name of state rep: Mr. / Mrs. / Miss. / Other	
State rep. position title:	
Branch rep. contact phone no:	Branch rep. contact email:
Recommended type and level of award:	
State rep. comments or rationale:	
State rep. signature:	Date:



NATIONAL ENDORSEMENT	
Name of national rep: Mr. / Mrs. / Miss. / Other	
National rep. position title:	
National rep. contact phone no:	Branch rep. contact email:
Recommended type and level of award:	
National rep. comments or rationale:	
National rep. signature:	Date:

OFFICE USE ONLY	
Endorsed by Australian Council?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type and level of award?	
Name of AC rep.:	AC rep signature:
	Date:
Details of presentation of award:	Date of presentation: