



**SURF LIFE SAVING
QUEENSLAND**

LIFESAVING EXCELLENCE AWARD NOMINATION FORM

Please forward to Surf Life Saving Queensland

Attention: Lifesaving Services Manager

Email: plawlor@lifesaving.com.au

Tell us about the person you are nominating:

Title (e.g. Mr. Miss, etc.)

Surname:

First Names

Postal Address

State

Post Code

Club/Organization Name
(if applicable)

Home Phone

Mobile Number

Email address:

Provide some information on the reason and details of why you would like to nominate this person or group

Type of Incident that has led you to completing this nomination: (one or more boxes may be ticked)

☐

Major Rescue

☐

Rescue

☐

Near Drowning

☐

Resuscitation

☐

Major First Aid Treatment

☐

Community Awareness

☐

Other (Please describe)

Time of Incident that occurred

Day:

Date:

Time of Incident:

Patient / Persons Details that was involved in the incident

Gender:

Age:

Tourist to area:

Nationality:

Name if known:

Where did this occur e.g. Location

Address:

Where was the nearest lifesaving service:

(What / Who / Name of)

Where were the nearest flags:

(Distance / Where)

5. Circumstances

Report of Circumstances:

This nomination form is being completed by

Name:

Contact number:

Club / Organisations Name:

Can you please supply any supporting documentation – Please attach

Newspaper Article

Publication:

Date:

TV Coverage

Station:

Date:

Radio

Station:

Date:

Other:

Date:

Information Attached: YES / NO

Has the Club acknowledged this/these achievement/s:	YES	NO
Has the Branch acknowledged this/these achievement/s:	YES	NO
If Yes in which way, please describe:		

Date nomination received _____/_____/_____

Date of Lifesaving Committee Meeting:

Lifesaving Committee Meeting Endorsement	Yes	No
Recommended next course of action:	_____	
