



RESCUE OF THE MONTH NOMINATION

CLUB/SERVICE			
DATE OF INCIDENT		TIME OF INCIDENT	
NAMES OF LIFESAVER(S)/LIFEGUARD(S)			
LOCATION OF INCIDENT			
SURFGUARD INCIDENT NUMBER (IRD)			

Overview of the incident (limit 1 page)



PLEASE COMPLETE THE FOLLOWING SECTIONS IN BRIEF BULLET POINT FORMAT

SKILL AND RESOURCES APPLICATION 40%	<i>Were the skills used correctly and appropriately as per SOP's? Did the rescue / incident require advanced technical skills? Was the equipment chosen best for the conditions and skill level of the personnel? Was there optimal use of skills within the available personnel?</i>
PROCEDURES FOLLOWED 30%	<i>Were standard operating procedures followed? Was the safety of the rescuers involved appropriately assessed? Was there appropriate leadership, chain of command, good scene management, paperwork completed, follow-ups etc.? Was the equipment utilised appropriately?</i>
ENVIRONMENTAL CONDITIONS 15%	<i>Was the incident around rocks, cliffs, or other precarious situations? What was the size of the surf, temperature, time, visibility, weather, and other environmental conditions at land or sea?</i>
POTENTIAL OUTCOME 10%	<i>Would the outcome have been the same if the rescuers hadn't intervened?</i>
MEDIA CAPTURE/ COMMUNICATION 5%	<i>Were opportunities maximised in terms of media exposure? If yes, please attach article or give a brief overview of media exposure.</i>



NOMINATION SCHEDULE							
PERIOD	NOMINATION PERIOD ENDS	BRANCH ROTM	STATE/TERRITORY ROTM		NATIONAL ROTM		
		Nominations Close (To Branch or ALS Manager)	Nominations Close (To State)	State Winner Announced	Nominations Close (To SLSA)	Winner Announced	
2017	December	31-Dec	05-January	12-January	19-January	19-January	29-January
2018	January	31-Jan	05-February	09-February	16-February	16-February	23-February
	February	28-Feb	05-March	09-March	16-March	16-March	23-March
	March	31-Mar	09-April	13-April	20-April	20-April	27-April
	April	30-Apr	07-May	11-May	18-May	18-May	25-May
	May/June	30-Jun	09-July	13-July	20-July	20-July	27-July
	July/Aug	31-Aug	10-September	14-September	21-September	21-September	28-September
	September	30-Sep	08-October	12-October	19-October	19-October	26-October
	October	31-Oct	05-November	09-November	16-November	16-November	23-November
	November	30-Nov	10-December	14-December	21-December	21-December	02-January
	December	31-Dec	07-Jan-19	11-Jan-19	18-Jan-19	18-Jan-19	25-Jan-19
Parliamentary Friends of SLS (Federal) presentation							
08-February-2018		21-June-2018		20-September-2018		06-December-2018	
July/Aug, Sept, Oct, Nov		Dec, Jan, Feb, March		April, May/June		July/Aug, Sept, October	

ELIGIBILITY

- Rescues, first aids (or other lifesaving actions) conducted during or outside of patrol hours, year round, on or off the beach.
- All nominees are to be current members of SLSA, employees of Australian Lifeguard Service or a support operation service.
- All club nominations are to be received by the Branch/State or Territory on or before the applicable closing date.
- No late correspondence will be entered into. Late nominations **will not be eligible** for the State/Territory/National Rescue of the Month, but can be recognised by the Branch or State/Territory independently or nominated to the SLSA Meritorious Awards program if appropriate.
- Branches may make only one (1) nomination to State centre per period, as per schedule.
- States/Territory may make only one (1) nomination to SLSA per period, as per schedule
- All nominations are to be received on the official 'SLSA Rescue of the Month Nomination Form'. This can be downloaded from the [member portal](#) or obtained by contacting the SLSA or your State/Territory Office
- States/Territory reserves the right to nominate any outstanding rescue/incident in addition to any Branch nomination, inside the designated time period.
- SLSA and the States/Territory reserve the right to promote details of rescues and the nominated rescuer(s) internally and externally in promotion of SLS services/clubs/members and the Rescue of the Month program.
- Nomination for the 'award' serves as agreement to the conditions as stated above.



CLUB SERVICE CHECKLIST – HAVE YOU:

Completed the nomination form correctly?	
Checked that all nominees are proficient and members on SurfGuard?	
Attached Incident Log or reference incident number from SurfGuard?	
Attached any/all related media clippings?	
Forwarded to your Branch/State by the due 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:
Club rep. signature:	Date:

BRANCH (NSW AND QLD)

Name of branch:	
Name of branch Rep.: Mr / Mrs / Miss / Other	
Branch rep. position title:	
Branch rep. contact phone no:	Branch rep. contact email:
Branch rep. signature:	Date:

STATE / TERRITORY

State / Territory:	
Name of state rep: Mr / Mrs / Miss / Other	
State rep. contact phone no:	State rep. contact email:
State rep. signature:	Date:

Once endorsed by State, please send all nomination forms to:
 Keiran Stone - kstone@slsa.asn.au