



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
<ul style="list-style-type: none"> 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 <u>member portal</u> 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