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%	*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?*
PROCEDURES FOLLOWED 30%	*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?*
ENVIRONMENTAL CONDITIONS 15%	*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?*
POTENTIAL OUTCOME 10%	*Would the outcome have been the same if the rescuers hadn't intervened?*
MEDIA CAPTURE/ COMMUNICATION 5%	*Were opportunities maximised in terms of media exposure? If yes, please attach article or give a brief overview of media exposure.*

Updated: 10/12/2018

RESCUE OF THE MONTH 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 Decided
2018	October	31-Oct	05-Nov	09-Nov	16-Nov	16-Nov	23-Nov
	November	30-Nov	03-Dec	07-Dec	14-Dec	14-Dec	19-Dec
	December	28-Dec	07-Jan	11-Jan	18-Jan	18-Jan	25-Jan
2019	January	31-Jan	08-Feb	15-Feb	22-Feb	22-Feb	28-Feb
	February	28-Feb	07-Mar	14-Mar	21-Mar	21-Mar	29-Mar
	March	31-Mar	05-Apr	12-Apr	19-Apr	19-Apr	26-Apr
	April	30-Apr	06-May	10-May	17-May	17-May	24-May
	May/June	30-Jun	08-Jul	12-Jul	19-Jul	19-Jul	26-Jul
	July/Aug	31-Aug	09-Sept	13-Sept	20-Sept	20-Sept	27-Sept
	September	30-Sept	07-Oct	11-Oct	18-Oct	18-Oct	25-Oct

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: Name: Andrew Movellar	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