

## RESCUE OF THE MONTH NOMINATION

CLUB/SERVICE			
DATE OF INCIDENT		TIME OF INCIDENT	
NAMES OF LIFESAVERS(S)/LIFEGUARDS(S)			
LOCATION OF INCIDENT			
SURGUARD 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>

**PLEASE COMPLETE THE FOLLOWING SECTIONS IN BRIEF BULLET POINT FORMAT**

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. PHONE NO:	CLUB REP: EMAIL
CLUB REP. SIGNATURE:	DATE:

**BRANCH**

NAME OF BRANCH:	
NAME OF BRANCH REPRESENTATIVE: MR/MRS/MISS/OTHER	
BRANCH REP. POSITION/TITLE:	
BRANCH REP. PHONE NO:	BRANCH REP: EMAIL
BRANCH REP. SIGNATURE:	DATE:

**STATE/TERRITORY**

STATE/TERRITORY:	
NAME OF STATE REPRESENTATIVE: MR/MRS/MISS/OTHER	
STATE REP. CONTACT NO:	STATE REP: EMAIL
STATE REP. SIGNATURE:	DATE:

Once endorsed, please send all nomination forms to: [lifesaving@surflifesaving.com.au](mailto:lifesaving@surflifesaving.com.au)