

RESCUE OF THE MONTH NOMINATION

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|---|--|------------------|--|
| 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: <i>MBonnici</i> | DATE: |

BRANCH

| | |
|---|---------------------|
| NAME OF BRANCH: Sydney Branch | |
| NAME OF BRANCH REPRESENTATIVE: Matt Spooner MR/MRS/MISS/OTHER | |
| BRANCH REP. POSITION/TITLE: Director of Lifesaving and Education | |
| BRANCH REP. PHONE NO: | BRANCH REP: EMAIL |
| BRANCH REP. SIGNATURE:  | DATE: 17/03/2021 |

STATE/TERRITORY

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|--|------------------|
| 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