

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%	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

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>Ali</i>	DATE:

BRANCH	
NAME OF BRANCH: Sydney Branch	
NAME OF BRANCH REPRESENTATIVE: Matt Spooner MR/MRS/MISS/OTHER	
BRANCH REP. POSITION/TITLE: Director Lifesaving and Education	
BRANCH REP. PHONE NO:	BRANCH REP: EMAIL
BRANCH REP. SIGNATURE <i>[Signature]</i>	DATE: 15/12/2020

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