

NOMINATION FORM

Please fill in as much of this nomination form as you can, print it out and post it to us at the address shown below. If you need any guidance in completing the answers, please phone the Secretary on 0151 236 1928.

DETAILS OF THE RESCUE IN ALL CASES

Give full details of the person you are nominating for an award:-

Title (Mr, Mrs, Miss, Ms.) _____

Surname: _____ First names: _____

Home address: _____

Age: _____ Occupation: _____

Have you Informed the nominee/s that you have nominated them? _____

If they have been informed have they consented to you providing their personal data? _____

Were you a witness to the rescue? _____ Did anyone else assist in the rescue? _____

If yes, give their name. If more than two people were involved, please send us their details on a separate sheet.

Surname: _____ First names: _____

Home address: _____

Name and address of the person saved (if known)

Surname: _____ First names: _____

Home address: _____

Age: _____ Did the person(s) rescued survive. _____

Give as full a description as you can of the rescue or attempted rescue and comment on the degree of danger.

Where did the incident happen? _____

When did the incident happen? _____

What time of day was it? _____ What were the weather conditions? _____

Were the emergency services called? _____ If yes, which service? _____

Did the rescuer give any form of resuscitation? _____

What form of resuscitation did the rescuer give? _____

Does the nominee have any training in First Aid, give details if known? _____

RESCUE FROM WATER OR ICE

Was the rescue from water or ice.? _____

If water, please answer the following;

How deep was the water where the rescue took place? _____

If the rescuer had to swim, how far (there and back)? _____

Describe the water conditions (height of waves, strength of current)? _____

Please enclose copies of any relevant Press cuttings

RESCUE FROM FIRE

Describe the fire (building, flames, smoke, internal, external, vehicle). _____

Please enclose copies of any relevant Press cuttings

GENERAL (OTHER) RESCUE

Describe the rescue. _____

Please enclose copies of any relevant Press cuttings

Have you recommended the nominee for any other award? _____

If yes, please state to which organisation. _____

Please supply your own contact details:-

Surname: _____ First names: _____

Home address: _____

Telephone no. _____ E-mail: _____

Thank you for making this nomination.

Please e-mail to: **secretary@liverpoolshipwreckandhumanesoc.org**

Or you can print it out and post it to:-

**The Secretary,
Liverpool Shipwreck & Humane Society, PO Box 156, HOLYWELL, CH6 9DW**

If the case meets our criteria, and we may need to seek corroboration from the emergency services if applicable, it will then come before the committee at the next meeting held every three months. The award winner will then be notified by us or by the local police force.