



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>



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	04-Mar	08-Mar	15-Mar	15-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:	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