



Seiko just in time rescue award application

Before completing this application please read the accompanying guidelines

SECTION A – NOMINEE DETAILS

A1	Name of nominee	
A2	Has the nominee been made aware of this application	YES / NO Please circle or highlight
A3	Gender	Male / female Please circle or highlight
A4	Age	
A5	If under 18 are the parents / guardian aware of this application	YES / NO Please circle or highlight
A6	Nominee address	
A7	Contact phone numbers of nominee or Guardians or Parents if under 18	
A8	Email address	
A9	Occupation of nominee	
A 10	Does the nominee have any life saving training or qualification	If so please give details
A11	Is the nominee a member of any voluntary rescue service	If so please give details
Further notes on this section if required		

SECTION B – RESCUE DETAILS

B1	Date of rescue	
B2	Location of the rescue	Please give a full description of where the rescue took place
B3	Time of rescue	Dawn / Dusk – Night / Daylight Please circle or highlight
B4	Type of location	Please circle or highlight Swimming Pool Beach Rocky shore Lake River Weir Canal Harbour Iced over water area Urban flooding Other: _____
B5	Give a full description of the weather and other conditions at the point that the rescue took place using the headings below	
	Wind strength and direction,	
	Direction and strength of sea – swell – tide	
	Speed of river flow	
	Visibility spray/rain/snow	
	Air and water temperature	
	Depth of water	
	Hazards to the rescuer	
	Time nominee in the water	
	Other details	

B6	Give details of distance to person / persons in difficulty	
B7	Number of people in difficulty	
B8	Ages of people in difficulty	If known
B9	<p>Please give exact details of what happened and the actions carried out by the nominee using the guidance listed below as a reference</p> <p>Skills display: Awareness of current and potential circumstances. Alertness. Experience. Local knowledge. Initiative. Full and proper use of all available resources. Adaptability in rapidly changing circumstances. Swimming/ lifesaving. First aid and/or rendering medical assistance.</p> <p>Leadership demonstrated: How the rescue was approached. Rescuer has and displays confidence. Knowledge. Intelligence. Charisma and humanity such that others will willingly follow.</p>	

	<p>Determination to conduct the rescue operation: Will to succeed. Resoluteness required Completing the job however difficult or long or arduous the circumstances. How often did the rescuer have to go in the water?</p>	
B10	<p>Degree of risk to human life To the rescuer To the casualty</p>	
B11	<p>What emergency services were involved</p>	<p>Please circle or highlight Garda ambulance fire RNLI lifeboats Naval service Harbour Police Beach Lifeguards Coast guard helicopter Coast guard rescue team Civil defence Local authority staff Others _____</p>
B12	<p>Did other members of public help the nominee</p>	<p>If so please give details</p>
B13	<p>Did the rescued person/s in difficulty survive</p>	<p>YES / NO Please circle or highlight</p>

B14

Please provide a clear detailed sketch of the area and mark the locations of all parties involved

SECTION C – SUPPORTING INFORMATION

C1	Is there any press coverage of this rescue	If so please attach copies or list radio / television interviews
C2	Please provide name/s of any Garda, or Emergency Service Officer confirming what took place	If unable to provide names please list nearest Garda Stations

SECTION D DETAILS OF PERSON MAKING THE NOMINATION

D1	Name	
D2	Address	
D3	Contact numbers	
D4	Email address	
D5	Age	
D6	Gender	Male / female
D7	Occupation	
D8	Did you witness this rescue	YES / NO Please circle or highlight
D9	If not how did you become aware of this rescue	
D10	What is the relationship between you and the nominee	Please circle or highlight Family Colleague Friend Witness with no relationship
D11	Please give your reason for making this nomination and explain why you feel the nominee should receive this award	
D12	Date application completed	

SECTION E – IRISH WATER SAFETY HEAD OFFICE**THIS SECTION ONLY TO BE ATTACHED TO APPLICATION WHEN
RECEIVED IN IWS HQ**

E1	Applications nominees name	
E2	Date application received	
E3	Application reviewed by CEO	
E4	Is further information required by IWS from the applicant	YES / NO Please circle or highlight
E5	AWSC to contact Garda Officer for details and other emergency services	YES / NO Please circle or highlight
E6	Date passed to AWSC	
E7	Name of AWSC person application is passed to	
E8	Investigations actions of AWSC and comments of the AWSC	
E9	Recommendation of AWSC	Approved / Declined
E10	Date returned to IWS by AWSC	
E11	Date passed to Rescue Commission	
E12	Date reviewed by rescue commission	
E13	Rescue commission recommendation	Approved / Declined / Further information sought