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|  | **St. John Life-saving Award Application** |

**Saint John Ambulance recognizes individuals, or groups of individuals, who have saved or attempted to save life, regardless of the risk, through the application of first aid knowledge and skills. An application form for the St. John Life-saving Award must be submitted within one year of the date of the incident.**

**1. Details of Nominee** (Complete a separate form for each nominee.)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | | | | | Age: | | |  |
| Address: | | |  | | | | | | | | | | |
| City: | |  | | | Province: | |  | | Postal Code: | |  | | |
| Res: | |  | | | Work: | | | |  | | | | |
| Occupation: | | | |  | | | | Title / Position / Rank: | | | |  | |
| Emergency Services Member?  *(i.e. Police, Fire, Ambulance, Paramedic )* | | | | | | Yes | | Organization | | | |  | |
| St. John Ambulance Affiliation? | | | | | | Yes | | Branch/Brigade | | | |  | |
| Received St. John Ambulance Training? | | | | | | Yes | | Date of Training | | | |  | |

**2. Details of Casualty** (Optional.)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |  | | | | | Sex | | |  |
| Address: |  | | | | | Age | |  | |
| City: |  | Province: |  | Postal Code: | | |  | | |
| Tel: |  | Work: | | |  | | | | |

**3. Particulars of the Incident** (Application must be received not later than one year from the date of the incident.)

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Time: |  |
| City & Prov: |  | | |

**4. Privacy Statement**

St. John Ambulance respects your right to privacy. We only collect personally identifiable information that is willingly provided by you when completing this application. St. John Ambulance will use the name of the nominee and the details of the life-saving event solely for the purpose of awarding the act of gallantry. We do not publicize or reveal the name(s) of the victim(s). Records are maintained for internal reporting purposes only. On occasion, we are asked by the media to provide details of life-saving events. We will not share identifying information unless you specifically authorize us to do so. If you provide us with your address, we may send you newsletters or other correspondence regarding the activities of St. John Ambulance.

**5. Description of Incident**

Below or on a separate sheet, please summarize all statements. Include all pertinent information to establish weather conditions, terrain, intensity of smoke or flames, risk to life (if any) and type of first aid administered to save or attempting to save life.

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**6. Witnesses Statements** (Please attach copies.)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | |
| City: |  | | Province: |  | Tel. : |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name: | |  | | | | |
| City: |  | | Province: |  | Tel. : |  |

**7. Supporting Documentation**

Provide the names of and include signed statements of any professionals who may have arrived during or after the incident, or who may have been involved with the victim directly after the incident (e.g. doctors, nurses, police, ambulance attendants, fire-fighters, etc.) Newspaper articles alone are not sufficient. Please list all documentation:

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**8. Nominator**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |  | | | | |
| Address: |  | | | | |
| City: |  | Province: |  | Postal Code: |  |
| Tel (H): |  | | Tel (W): |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Signature |  | Date |

Please completed this form and send it directly to the

**St. John Ambulance Provincial / Territorial Council office where you live.**

[**Click here for a complete listing**](http://www.sja.ca/Canada/AboutUs/Locations/Pages/default.aspx)**.**

*For more information, call 613-236-7461*