

# ROYAL HUMANE SOCIETY

50/51 Temple Chambers, 3 - 7 Temple Avenue London EC4Y 0HP Phone: 020 7936 2942 Email: secretary@royalhumanesociety.org.uk

## Nomination Form

Use this form and send it by email, if possible and preferably in Word, to secretary@royalhumanesociety.org.uk.

Nominations should be submitted to the Secretary of the Society within 6 months of the incident.

If an official investigation is to take place, please do not submit your nomination until the findings are known.

Please summarise, on the form, the relevant details from any evidence eg witness statements you have.

Nominations from serving police or fire services officers should be processed and authorised via the CC's office or Awards Department at HQ. They'll send the authorised nomination on to us and, from then on, we'll liaise with their designated point of contact.

NB Please check whether anyone involved in an incident is a doctor, nurse or paramedic and declare it against their name on the form.

<p><b><u>About the nominee/s:</u></b></p> <p>Only <b>one</b> form can be accepted for <b>ALL</b> the nominees involved in an incident. In the box provided, please list the details requested.</p> <ol style="list-style-type: none"> <li>1. Full name, address and age of your nominee(s).</li> <li>2. Have you told them you've nominated them?</li> <li>3. If they've been informed, have they agreed to publicity?</li> <li>4. Have you recommended them for any other award?</li> <li>5. Did they receive medical or other support, as a result of their actions?</li> </ol>	<p><b><u>About the nominee/s:</u></b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> </ol>
<p><b><u>About those they tried to resuscitate or save:</u></b></p> <ol style="list-style-type: none"> <li>1. Full name, address and age of the person(s) they tried to save or resuscitate</li> <li>2. Did they survive, if only for a short time, at the site of the incident?</li> <li>3. Have you told them about this nomination?</li> <li>4. If so, have they agreed to publicity?</li> </ol>	<p><b><u>About those they tried to resuscitate or save:</u></b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
<p><b><u>About the incident:</u></b></p> <ol style="list-style-type: none"> <li>1. Place, date and time of incident. <b>THESE DETAILS S MUST BE SUPPLIED</b></li> </ol>	<p><b><u>About the incident:</u></b></p> <ol style="list-style-type: none"> <li>1.</li> </ol>
<ol style="list-style-type: none"> <li>2. Give a full description of the weather and other conditions at the point where the incident took place.   <u>For sea, river, dock, canal, lake, reservoir and pond incidents</u>, give a description of eg the shore/bank, the height of the drop to the water, the distance from shore/bank to the incident, depth of the water, currents, tide, visibility.  <u>For cliffs, building, viaducts and bridge incidents</u>, describe eg the structure, height, drop, access, obstacles.  <u>For fire incidents</u>, describe eg the extent of flames or smoke and indicate the likelihood of explosion.</li> </ol>	<p><b><u>About the incident:</u></b></p> <ol style="list-style-type: none"> <li>2.</li> </ol>
<ol style="list-style-type: none"> <li>3. Describe what happened at the incident and what action the nominee(s) took.             NB - Give the <b>facts only</b> (not opinions please) and do so as accurately as possible. When there's more than one nominee, distinguish carefully who did what.             Please <b>SELECT</b> relevant information from the evidence and/or statements you have and put the details on this form. (The space will expand as you type in the box.)             If you're completing this form by hand and need extra space, please use continuation sheets.</li> </ol>	<p><b><u>About the incident:</u></b></p> <ol style="list-style-type: none"> <li>3.</li> </ol>
<p><b><u>About you:</u></b></p> <ol style="list-style-type: none"> <li>1. Give your full name and address and other contact details (phone, mobile and email, where applicable).</li> <li>2. Date the form.</li> </ol>	<p><b><u>About you:</u></b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> </ol>