

# ABOVE & BEYOND

## RECOGNITION AWARD NOMINATION FORM

### OBJECTIVE OF THE AWARD:

To recognize those individuals who have acted alone or as a team in providing assistance to:

- those in need of medical aid using their knowledge in first aid; or
- those in a situation where their lives may be in danger with or without the application of first aid.

### ELIGIBILITY:

1. The nominee must be a municipal worker as defined by the BCMSA
2. The deed must be performed during work hours
3. The deed must be outside the nominee's line of duty
4. The deed must be performed within twelve (12) months of the date of application
5. It is not necessary that the deed or attempt was successful, that the nominee has a first aid certificate or is a member of St. John Ambulance

### HOW TO APPLY:

Include this form, supporting letters and other supporting documents.

**Applications must be received by email or FAX.**

Submit nomination package (with subject title "Above & Beyond Recognition Award Nomination") to:

**Mike Roberts**  
**Manager of Audit & Training Services**  
BC Municipal Safety Association  
E: [mroberts@bcmsa.ca](mailto:mroberts@bcmsa.ca)  
F: 778-278-0029



**St. John Ambulance**

**SAVING LIVES**  
at work, home and play



DETAILS OF NOMINEE (use separate sheet for each nominee if team work was involved)						
Name					Age	
Work Location						
Address						
City		Prov		Postal Code		
Work Tel Number						
Email						
Occupation						
Title and Position						
Received St. John Ambulance First Aid Training?				<input type="checkbox"/> Yes <input type="checkbox"/> No (double click box to make your selection)		
Date of Training						

PARTICULARS OF THE INCIDENT			
Date		Time	
Location			
The nominee was working at the time of the incident		<input type="checkbox"/> Yes <input type="checkbox"/> No	
The action was outside the nominee's line of duty		<input type="checkbox"/> Yes <input type="checkbox"/> No	

DETAILS OF VICTIM (optional)						
Name					Age	
Address						
City		Prov		Postal Code		
Residence Tel #		Work Tel #				

## DESCRIPTION OF THE INCIDENT

Please summarize all statements, include all pertinent information to establish weather conditions, terrain, intensity of smoke or flames, risk to life (if any) and first aid administered, if any, to assist the victim.

## GOING ABOVE & BEYOND

Describe how this event qualifies for the Above & Beyond Recognition Award.

WITNESSES STATEMENTS PROVIDED BY: (please attach copies)			
Name			
Residence Tel #		Work Tel #	
Name			
Residence Tel #		Work Tel #	

SUPPORTING DOCUMENTATION
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.)

PRIVACY STATMENT
SJA and BCMSA

NOMINATOR					
Name					
Address					
City		Prov		Postal Code	
Residence Tel #		Work Tel #			

APPROVING SIGNATURES	
President, St. John Ambulance	President, BC Municipal Safety Association