**ABOVE & BEYOND RECOGNITION AWARD**

**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, and that the nominee has a first aid certificate.

**HOW TO APPLY**:

Include this form, supporting letters and other supporting documents.

**Applications must be received by email.**

Submit nomination package (with subject title “Above & Beyond Recognition Award Nomination”) to Mike Roberts, Executive Director mroberts@bcmsa.ca

**Deadline for application is July 31st, 2019.**

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| **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 First Aid Training? | [ ]  Yes [ ]  No (double click box to make your selection) |
| Date of Training |  |

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| **PARTICULARS OF THE INCIDENT** |
| Date  |  | Time |  |
| Location |  |
| The nominee was working at the time of the incident | [ ]  Yes [ ]  No  |
| The action was outside the nominee’s line of duty | [ ]  Yes [ ]  No  |

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

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| **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.  |
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| **GOING ABOVE & BEYOND**  |
| Describe how this event qualifies for the Above & Beyond Recognition Award.  |
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|  **WITNESSES STATEMENTS PROVIDED BY:** (please attach copies)  |
| Name  |  |
| Residence Tel # |  | Work Tel # |  |
| Name  |  |
| Residence Tel # |  | Work Tel # |  |

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| **SUPPORTING DOCUMENTATION** – if possible |
| 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.)  |

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| **PRIVACY STATMENT**  |
| BCMSA |

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

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| **APPROVING SIGNATURES**  |
| Mike Roberts | Executive DirectorBC Municipal Safety Association |
| Signature: | Date: |