



# St. John Life-saving Award Application

To be considered for a St. John Life-saving Award, nominees must have administered first aid in saving or attempting to save a life. For more information on how to complete this form, please contact your Provincial or Territorial Council or Special Centre. Completed applications must be forwarded to the St. John Ambulance Provincial/Territorial Council or Special Centre in your province of residence within one year from the date of the incident. Visit our website for the location nearest you: [www.sja.ca](http://www.sja.ca). Attach background information separately and use additional pages if needed. All applications are confidential. Please print clearly.

## 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)	<input type="checkbox"/> Yes	Organization	_____
St. John Ambulance Affiliation?	<input type="checkbox"/> Yes	Branch/Brigade	_____
Received St. John Ambulance Training?	<input type="checkbox"/> Yes	Date of Training	_____

## 2. Details of Casualty (Optional.)

Name:	_____	Sex	<u>  M  </u>	<u>  F  </u>	
Address:	_____				
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:	_____
Location:	_____		

## 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.


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

Name: _____
City: _____ Province: _____ Tel. : (   ) _____

Name: _____
City: _____ Province: _____ Tel. : (   ) _____

## 7. 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.) Newspaper articles alone are not sufficient. Please list all documentation:



## 9 Approving Signatures

_____	_____	_____	_____
Chairperson / Branch Honours & Awards Committee	Date	Council President or Chairperson, Special Centre	Date

## Type of Application (For Office Use Only)

<input type="checkbox"/> Life-saving Medal of the Order:	➤ Gold	➤ Silver	➤ Bronze
<input type="checkbox"/> St. John Ambulance Life-saving Award, <i>with the application of first aid.</i>	➤ Gold ( <i>Risk</i> )	➤ Silver ( <i>Non Risk</i> )	
<input type="checkbox"/> Provincial Council Certificate of Commendation, <i>with or without the application of first aid.</i>			
<input type="checkbox"/> Refer to Governor General for consideration under Bravery Award Program.			