



# St. John Lifesaving Award Application

St. 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 Lifesaving Award must be submitted within two years from the date of the incident.

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

Name: _____	Gender _____	
Address: _____	Age _____	
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: _____	Gender _____	
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:



## 8. Nominator

Name: _____		
Address: _____		
City: _____	Province: _____	Postal Code: _____
Tel (H): _____		Tel (W): _____
_____ Signature		_____ Date

## 9. St. John Council Honours & Awards Chair

_____ Signature		_____ Date
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Please completed this form and send it directly to your  
**St. John Ambulance Council Office**  
<https://www.sja.ca/en/contact-us>  
or call **613-236-7461** for more information.