



**“Just in Time”
Rescue Award
APPLICATION FORM**

VERSION 1.0 JULY 2020

SEIKO

PLEASE REFER TO THE RESCUE AWARDS GUIDELINES
FOR ASSISTANCE IN COMPLETING THIS APPLICATION FORM

SECTION A – RECIPIENTS DETAILS

Name of recipient	
Recipients address	
Gender	Age: If under 18 are the parents / guardian aware of this application Y/N
Contact phone numbers of recipient or Guardians or Parents if under 18	
Email address	
Occupation of recipient	
Does the recipient have any life saving training or qualification	If so please give details
Is the recipient a member of any voluntary rescue service	If so please give details

I hereby consent to the retention of my data by Water Safety Ireland in relation to this application.

SECTION B - RESCUE DETAILS

Date of rescue ____/____/____	Tide Times (if applicable)
Time of rescue ____:____	High Tide __:__ Low Tide __:__
Location of the rescue	
Did other members of the public help in the rescue	YES <input type="checkbox"/> NO <input type="checkbox"/>
	NAME: _____
	ADDRESS: _____

	CONTACT PHONE NO.: _____



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Please provide a clear detailed sketch of the area and mark the locations of all parties involved.



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SECTION C – SUPPORTING INFORMATION

Is there any press coverage of this rescue	If so, please attach copies or list radio / television interviews
Please provide name/s of any Garda, or Emergency Service Officer confirming what took place	If unable to provide names please list nearest Garda Stations

SECTION D - DETAILS OF PERSON MAKING THE NOMINATION

Name	
Address	
Contact numbers	
Email address	
Gender	Age
Occupation	
Did you witness this rescue	YES <input type="checkbox"/> NO <input type="checkbox"/>
If not, how did you become aware of this rescue	
What is the relationship between you and the recipient	Family <input type="checkbox"/> Colleague <input type="checkbox"/> Friend <input type="checkbox"/> Witness with no relationship <input type="checkbox"/>
Please give your reason for making this nomination and explain why you feel the recipient should receive this award	
Signature of Nominator	Date ____/____/____

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SECTION E – Water Safety Area Committee Recommendation.

Recipients name	
Date application received by WSAC	
WSAC to contact Garda Officer for details and other emergency services	YES <input type="checkbox"/> NO <input type="checkbox"/>
Name of WSAC person application is passed to	
Investigations actions of WSAC and comments of the WSAC	
Recommendation of WSAC	Approved <input type="checkbox"/> Declined <input type="checkbox"/>
Signature of Chairperson/Secretary of WSAC	_____ Date ____/____/____



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**SECTION F – WATER SAFETY IRELAND
FOR OFFICE USE ONLY.**
THIS SECTION ONLY TO BE ATTACHED WHEN RECEIVED IN WSI HQ

Recipients name	
Date returned to WSI by WSAC	
Application reviewed By CEO	Yes <input type="checkbox"/> No <input type="checkbox"/> Date ____/____/____
Date passed to Rescue Commission	
Date reviewed by Rescue Commission	
Rescue Commission recommendation	Approved <input type="checkbox"/> Declined <input type="checkbox"/> Further information sought <input type="checkbox"/> Date ____/____/____
Signature of Chairman	
Permission to publicise sought	Yes <input type="checkbox"/> No <input type="checkbox"/> Signature of Executive Officer: Date ____/____/____ _____