**Service Awards Application**

Water Safety Ireland acknowledges the long-standing service of its members. Awards are made to members who have given the following periods of Service in recognition of their service to lifesaving and promotion of water safety: Ten, Fifteen, Twenty, Thirty, Forty and Fifty Years.

All Members of Water Safety Ireland registered with the National Office shall be considered for recognition of these awards.

The Water Safety Area Committee seeking Service recognition for their members will ensure that the nominee has been actively involved with Water Safety Ireland for the three years prior to the date of application for recognition of service. Area Committees will be requested to verify the three-year period as mentioned and will also recommend the award to be granted. The Local Area Committee must verify all facts in relation to the member’s service and the application. This will not apply to those nominated by council, who will be the subject of a separate report submitted to Council.

This application form must be completed by the Water Safety Area Committee and submitted to the National Headquarters, where verification of membership will be completed by a team member. The application will then be forwarded to Council for consideration.

**For Official Use – Water Safety Area Committee**

Please check the Award required for this applicant. Please complete a separate application form for each award requested.

🞏 10-Year Service Award ~ Certificate of Service

🞏 15-Year Service Award ~ The Silver Medal of Honour

🞏 20-Year Service Award ~ Bronze Bar added to the Silver Medal of Honour

🞏 30-Year Service Award ~ Silver Bar added to the Silver Medal of Honour

🞏 40-Year Service Award ~ Gold Bar added to the Silver Medal of Honour

🞏 50-Year Service Award ~ Gold Medal of Honour

The following member of our committee is recommended for the relevant award. We have compiled a history sheet for this nominee as per the attached History Record to outline their participation in the Associations activities. We certify that at a meeting of the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Committee held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ we recommended this application for approval. We further certify that the applicant has been actively involved with the Area Committees or the Associations activities throughout the last three years.

*I agree to the management of my personal data in accordance with the General Data Protection Regulations (GDPR) 2018.*

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chairman, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WSAC

Date:

Signed:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secretary, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WSAC

Date:

**Nominee Record of Service**

Name:

Present Award Held:

Category of

Membership:

Date of effective

membership with

your committee:

Positions held over the past ten years:

e.g. Chairman, Secretary, Committee Member, National Committee, Organiser, Fundraiser, Instructor, Examiner, PRO, Designated Liaison Person etc.

|  |  |  |  |
| --- | --- | --- | --- |
| 1 |  |  | (year) |
| 2 |  |  | (year) |
|  |  |
| 3 |  |  | (year) |
|  |  |
| 4 |  |  | (year) |
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| 5 |  |  | (year) |
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| 6 |  |  | (year) |
|  |  |
| 7 |  |  | (year) |
|  |  |
| 8 |  |  | (year) |
|  |  |
| 9 |  |  | (year) |
|  |  |
| 10 |  |  | (year) |
|  |  |
|  |  |  |  |

Other remarks:

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The following additional information is attached for your consideration (as appropriate):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**For Official Use – National Headquarters**

I certify that on this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have checked the records retained at the National Office of Water Safety Ireland and can confirm the dates of service listed are accurate.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Position), WSI HQ

Date: