

 ***Water Safety Ireland***

 ***SÁBHÁILTEACHT UISCE NA HÉIREANN***

 **The Long Walk, Galway**

 **Phone: 091-564400**

##  Email: info@wsi.ie

**DES KENNY AWARD – Nomination Form**

**NOMINEE DETAILS**

|  |  |  |
| --- | --- | --- |
| NAME |  |  |
| ADDRESS |  |  |
| Contact Number |  |  |
| AGE |  |  |
| Basic Life Support Qualifications(If Any) |  |  |

# INCIDENT DETAILS

|  |  |
| --- | --- |
| LOCATION |  |
| DATE |  |
| NAME/ADDRESS OF PERSON(S) SUPPORTED |  |

|  |
| --- |
| **HOW DID THE INCIDENT OCCUR?** |

|  |
| --- |
| **WHAT SUPPORT WAS PROVIDED?** |

|  |
| --- |
| COMPREHENSIVE REPORT OF INCIDENT |

STATEMENTS (IF AVAILABLE) FROM THE FOLLOWING WITNESSES ARE ATTACHED:

(Normally Gardai/Emergency Services)

|  |  |
| --- | --- |
| NAME | ADDRESS |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

|  |
| --- |
| NEWSPAPER REPORTS OR CUTTINGS OF THE INCIDENT (ATTACHED) |

|  |
| --- |
| **RECOMMENDATION/COMMENTS IN RESPECT OF THE INCIDENT** |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hon. Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Area Committee

(Or Proposer)

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_