



Please complete this form with as much detail as possible. The more detail, the easier it is to make an award. If you are uncertain of information, please set that out. If necessary, add additional pages if there is insufficient space on the form. This form is for Groups, if you want to nominate an individual, please use the Individuals Form. If an individual in the Group stood out in the Gallant action from the rest of the Group, it is possible to nominate both the Group and the Individual for Gallantry Awards.

This application together with all supporting documentation is to be sent to your Regional Awards Committee at the following email addresses, with a copy going to the Chair: National Adult Resources at joy.hutchinson@scout.org.za

Regional emails to be used for this award:

Eastern Cape North	ecn.awards@scouts.org.za	Eastern Cape South	ecs.awards@scouts.org.za
Free State	fs.awards@scouts.org.za	Gauteng	gt.awards@scouts.org.za
Kwa-Zulu Natal	kzn.awards@scouts.org.za	Limpopo	lim.awards@scouts.org.za
Mpumalanga	mp.awards@scouts.org.za	Northern Cape	nc.awards@scouts.org.za
North West	nw.awards@scouts.org.za	Western Cape	wc.awards@scouts.org.za

Please note: Proposals and recommendations must be treated as confidential as a refusal or an award of a different grade of award from the initial proposal or recommendation, can be highly embarrassing should the candidate be aware of the initial proposal or recommendation.

Details of Group being Nominated:

Full Name:

Unit:

District:

Region:

Details of Nominator (Your Details):

Full Names:

Telephone No:

Email Address:

Details of Scouter / Youth Member in charge of the Group:

Full Names:

Position(s) held in Scouting at Present:

Telephone No:

Email Address:

Details of Nominee's Next-in-Line Scouters: (who does the leader of the group report to in that capacity?)

Full Names:

Position(s) held in Scouting at Present:

Telephone No:

Email Address:

In the boxes below please set out full details of the incident that you feel qualifies the nominee for a gallantry award. Please use the headings in the boxes to help you:

1. Nature and circumstances of incident (what happened?):

2. Role of Group in incident (what did they do?):

3. What sort of risk was posed to the Group in the incident (Was their life in danger, did they risk injury etc?)

4. Did the Group know / appreciate the danger that they were in, and yet still act in a gallant manner, or did they act gallantly without knowing the danger posed to themselves? How do you know this?

5. Was the dangerous situation presented to the individual without any choice, or did they willingly enter a dangerous situation to try and render help to others?

6. What sort of leadership and initiative did the Group demonstrate in acting in a gallant manner?

7. What sort of help (if any) did the Group receive in acting gallantly, including help from rescue services etc?

In the group below please set out details of the members of the group in so far as possible.

Name	Position in Group	Telephone No	Email Address

In the box below please give details of at least one other person who can confirm the act of gallantry.

Full Names:

Telephone No:

Email Address:

Full Names:

Telephone No:

Email Address:

Is there any other corroborating evidence of the service, for example a newspaper article? If so, please attach a copy to this form.

If you have a copy of the nominees scouting cv, please attach this to the form, this is very helpful in assessing a Group.

APPROVAL PROCESS:

REGIONAL AWARDS COMMITTEE:

(copy to the Chair: National Adult Resources)

Proposed Award:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Chair Regional Awards Committee

Comments, giving a summary as to why this award is recommended:

Proposed Citation:

This will be printed onto the certificate and will be read out in support of the recommendation when the award is presented

REGIONAL COMMISSIONER:

No Objection

Objection

Comments:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Regional Commissioner

NATIONAL AWARDS COMMITTEE:

Endorsed

Rejected

Comments:

Final Recommendation:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Chair: National Awards Committee

CHIEF COMMISSIONER'S DECISION:

Endorsed

Rejected

cc Chair: National Adult Resources

Comments:

Final Recommendation:

Date:

D	D	M	M	Y	Y	Y	Y
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Name:

Contact No:

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Signed: Chief Commissioner

Returned to Chair: National Adult Resources:

D	D	M	M	Y	Y	Y	Y
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Sent to National Office:

D	D	M	M	Y	Y	Y	Y
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SCOUTS SOUTH AFRICA

Award Processed:

D	D	M	M	Y	Y	Y	Y
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Uploaded to SD where applicable:

D	D	M	M	Y	Y	Y	Y
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Dispatched to Region and RC advised

D	D	M	M	Y	Y	Y	Y
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Database updated accordingly:

D	D	M	M	Y	Y	Y	Y
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