



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. If you are nominating a Group, please use the Groups Form.

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@scouts.org.za

Regional emails to be used for this award:

Eastern Cape North ecn.awards@scouts.org.za
 Free State fs.awards@scouts.org.za
 Kwa-Zulu Natal kzn.awards@scouts.org.za
 Mpumalanga mp.awards@scouts.org.za
 North West nw.awards@scouts.org.za

Eastern Cape South ecs.awards@scouts.org.za
 Gauteng gt.awards@scouts.org.za
 Limpopo lim.awards@scouts.org.za
 Northern Cape nc.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 Nominee/Candidate:

Full Names:

Age of Nominee at the time of the incident:

Role in Scouting at Present:

Which Units / Districts /Regions is this person associated with?

Details of Nominator (Your Details):

Full Names:

Telephone No:

Email Address:

Details of Nominee's Next-in-Line Scouters:

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 candidate in incident and their actions (what did they do?):

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

4. Did the candidate 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 candidate demonstrate in acting in a gallant manner?

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

8. If the individual's gallantry was undertaken as part of a group, have you nominated the group for a gallantry award too? YES NO

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

Full Names:

Telephone No:

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Email Address:

Full Names:

Telephone No:

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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 candidate.

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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