



COMMONWEALTH
DROWNING
PREVENTION

**THE RUSSELL MEDAL
NOMINATION FORM**

Submitted by: (Branch details)				
Rescuer's Full Name				
Rescuer's Full Address				
Rescuer's Age	Date of Birth	Age in Years	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Please list the lifesaving awards held by the Rescuer or details of training attended:				
Date and time of Rescue	Day/Month/Year:		Time:	
Location of incident Place name and full address				
Casualty's Full Name (if known)				
Casualty's Age (if known)	Date of Birth	Age in Years	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Casualty's Full Address (if known)				
Does the Rescuer have contact with the casualty/family of the casualty				
Please give a full description of the rescue - to include specific				

<p>techniques and procedures followed</p> <p>Please ensure any witness statements are attached along with any press cuttings, reports or other information relevant to the rescue.</p>			
<p>Was anyone else involved in the rescue. If so, please provide details of their involvement plus their contact details</p>			
<p>Has the Rescue been recognised by another organization? (Member Branch or other organization)</p>			
<p>Applicant's Full Name</p>			
<p>Applicant's Signature</p>			
<p>Applicant's Full Address</p>			
<p>Applicant's Position or Office</p>		<p>Date of Application</p>	

Please return the completed form to commonwealthadmin@rlss.org.uk