

## NOMINATION FORM EMERGENCY HERO OF THE YEAR AWARD

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**NOMINEE:**

(Full name in block letters) \_\_\_\_\_

Profession: \_\_\_\_\_

Employer, Organisation or Institution: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel: (office hours) \_\_\_\_\_

Cell: \_\_\_\_\_

**Please note:**

**This award is being considered for emergency services person(s) who performed an act or action, which displayed selflessness, and went above-and-beyond normal duty, and in so doing saved or intended to save life and/or property.**

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Submitted by: \_\_\_\_\_

(Full name in block letters)

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Tel (office hours): \_\_\_\_\_

Cell: \_\_\_\_\_

Relationship to nominee(s)? \_\_\_\_\_

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Please send all documents by post to:

Emergency Hero of the Year Award

P O Box 71207

Bryanston

2021

or by Fax to (011) 467-6995

**Closing date is 25 July 2003.**

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Incident/Event/Act:  
(Please give as much information as possible)

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Location of incident:

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Date of incident:  
Case number (if applicable)

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Motivate separately on the reasons for this nomination - What makes your nominee(s) eligible for this Award?

Any additional substantiating documentation - media clippings, reports, etc.

**NB: NONE OF THESE MATERIALS WILL BE RETURNED TO SENDER OR PROPOSER.**

**IF YOU WISH TO KEEP THE DOCUMENTATION, PLEASE MAKE LEGIBLE COPIES TO ACCOMPANY THIS ENTRY FORM.**

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*debis Fleet Management reserves the right to investigate by whatever means, each and any claim made in these documents, submissions and reports.*

*The decision of the award committee is final and no correspondence or debate will be entered into.*