



FIRE SERVICES JOINT STANDING COMMITTEE

COMMENDATION FOR EXCELLENCE

NOMINATION FORM

Notes:1.Before completing this Nomination Form, please consult Fire Services Joint
Standing Committee Policy No. 1/2006 – Commendations for Excellence in
Service Delivery.2.Copies of Policy No. 1/2006 and this Nomination Form are available on this
Website:

http://www.rfs.nsw.gov.au/dsp_content.cfm?CAT_ID=539

NOMINATION FORM

FOR A

FIRE SERVICES JOINT STANDING COMMITTEE

COMMENDATION FOR EXCELLENCE

For Staff Members of the NSW Fire Brigades and Rural Fire Service and

Firefighters of the NSW Fire Brigades and Rural Fire Brigades

PRINT NAME	SIGNATURE	DATE	
Brigade Captain (RFS): Station Officer (NSWFB) Recommended/Not Recommended		Date:	
Captain/Group Captain (RFS): Recommended/Not Recommended		Date:	
District Manager (RFS): Recommended/Not Recommended		Date:	
Team/Zone Manager/Section Line Manager Zone Commander (NSWFB) Recommended/Not Recommended	r (RFS):	Date:	
Region Manager – Region (RFS): Region Commander (NSWFB): Recommended/Not Recommended		Date:	

Assistant Commissioner/Executive Director (RFS): (if applicable): Assistant Commissioner (NSWFB) Recommended/Not Recommended

Date:

When all relevant signatures are collected, forward the completed Nomination Form to the Executive Officer, Fire Services Joint Standing Committee, NSW Rural Fire Service, Locked Mail Bag 17, Granville, NSW, 2142.

Awards Committee

The Awards Committee *recommends /does not recommend* this award to the Fire Services Joint Standing Committee.

Chairperson NSW Fire Brigades Date: Chairperson NSW Rural Fire Service Date:

Fire Services Joint Standing Committee

The Fire Services Joint Standing Committee has determined that the Commendation for Excellence *be awarded/not be awarded*.

Executive Officer Date:

DETAILS OF INDIVIDUAL/S OR BRIGADE/STATION/GROUP BEING RECOMMENDED

Please provide the details of the individual/s or brigade/station/group you are nominating by completing the section/s below and by providing the information requested in the next section/s.

INDIVIDUAL/S

Surname:	Other Names:	
Service Position and Section:		
Home Address:		
Service Address:		
Home Tel:	Work Tel:	Mobile Tel:

BRIGADE/STATION OR GROUP:

Brigade or Group Name (Rural Fire Service): Station Number or Group Name (NSW Fire Brigade):	
<u>Rural Fire Service Staff Members:</u>	
Name of Headquarters Section:	
Name of District/Team/Zone:	
Name of Region:	
State Rank/Position in the Service:	
NSW Fire Brigades Staff Members:	
Name of Directorate:	
Name/Number of Station:	
Name of Zone:	
Name of Region:	
State Rank or Position in the Service	
The nominee(s) is/ are nominated for the Award of the Commend State the specific title of the Commendation for Excellence for):	lation for Excellence for: Joint Emergency Operations Joint Community Service

Name of Project/Program/Operation leading to this Nomination:

The commencement and completion dates of this Project/Program/Operation:

Nomination Statement

Please set out in the space below full details of the act/s or event/s or service/s in which the individual/brigade/unit or group you are nominating was involved. It is most important that your statement provides full details to enable the Awards Committee to make a meaningful recommendation to the Fire Services Joint Standing Committee regarding this Award. If possible, statements that verify your Nomination Statement from witnesses or other persons associated with the act/s or event/s or service/s should be taken and attached. Also if applicable, photographs or other records of the act/s or event/s or service/s in or of the place where it occurred should be attached. i.e. a relevant newspaper article. Please supply the names and contact details of witnesses or of individuals to whom further enquiries may be directed by the Awards Committee.

Nomination Statement

(Print Name):

<u>Signature:</u>

Date:

Nomination for a Commendation for Excellence

DETAILS OF INDIVIDUAL PERSON SUBMITTING THIS NOMINATION

The following information about the individual submitting this recommendation is needed to enable the Awards Committee to seek further details if required.

Print Name (in full): Volunteer Member of Rural Fire Brigade (State Brigade Name): Retained Member of a NSW Fire Brigades Station (State Station Name/Number): Staff Member of the Rural Fire Service - District/Team/Zone/Region/Headquarters (State Name/s): Staff Member of the NSW Fire Brigades – Station/Zone/ Region/Directorate (State Name/s): Rank/Position within the Rural Fire Service: Rank/ Position within the NSW Fire Brigades:

Work Address:

Work Telephone:

Home Address:

Home Telephone:

Mobile No:

- 1. Ensure that all Sections of the Nomination Form have been completed.
- 2. Ensure that the completed Nomination Form has the appropriate signatures before forwarding on up the chain of command.
- 3. Managers at all levels are encouraged to provide additional comments on the Nominee/s.
- 4. The closing date for receipt of Nomination Forms by the Awards Committee is 31 March annually.

NSW Fire Services Joint Standing Committee Commendations for Excellence – Nomination Form

Nomination for a Commendation for Excellence

DETAILS AND STATEMENT OF A WITNESS

Please provide the contact details of the person who witnessed the Act/s or event/s or service/s leading to this nomination.

CONTACT DETAILS OF WITNESS:				
Surname:	Other Names:			
Home Address:				
Home Tel:	Work Tel:	Mobile Tel:		
Are you a member of the NSW Fire	Brigades or NSW Rural Fire Service?			
Please state your Rank and Position	within the Service:			
Please state your location within the Service:				
	STATEMENT			
(Print Name)				
Signature:		Date:		
-				