

Australian Security Medals Foundation Awards  
**NOMINATION FORM**



**ASMF**  
Australian Security  
Medals Foundation

**The information contained in this document is strictly confidential**

**CLOSING DATE**  
Refer to ASMF website



**Att: Mr Damian McMeekin**  
ASMF Chairman

Dear Chairman,  
I hereby nominate:

FULL NAME: \_\_\_\_\_

for the:

- Australian Security Medal
- Australian Security Medal of Valour
- St John Save a Life Award

In support of this recommendation I supply the information below.

Yours Sincerely

\_\_\_\_\_  
(Type or sign above)

## DETAILS OF PERSON SUBMITTING NOMINATION

The following information about the person submitting this recommendation is needed to enable the selection panel to seek further details if required:

<b>Title:</b>		<b>First Name:</b>		<b>Surname:</b>	
<b>Address:</b>					
<b>Company:</b>					
<b>Position:</b>				<b>Phone:</b>	
<b>Email:</b>					
<b>Relationship to the Nominee</b> <i>(if any)</i>					

## CONFLICT OF INTEREST (if any):

Are there any potential or existing conflicts of interest that may exclude the Nominee from being considered for an award?

**Note:** If an award is made and a conflict of interest is subsequently discovered, the award may be revoked.

*If there are no conflicts of interest, insert N/A*

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## DETAILS OF PERSON BEING RECOMMENDED FOR AN AWARD

Please provide details of the person you are nominating by completing the section below and by providing the information requested in the next section.

<b>Title:</b>		<b>First Name:</b>		<b>Surname:</b>	
<b>Address:</b>					
<b>DOB:</b> <i>(if known)</i>				<b>Phone:</b>	
<b>Email:</b>					
<b>Job &amp; position, function or duties in the security industry</b>					
<b>Employer:</b>					
<b>Contact Name:</b>					
<b>Contact Email</b>				<b>Contact Phone:</b>	

## COMPREHENSIVE DETAILS OF THE REASON FOR NOMINATION

Please provide comprehensive details of the act of bravery in which the person you are nominating was involved, and the reasons why you consider he or she should receive special recognition by the award of the Australian Security Valour Medal.

Statements from eyewitnesses or other persons associated with the incident should be attached, together with photographs of the incident or of the place where it occurred.

*Use an extra page if needed*

If available or necessary, please supply the names and addresses of individuals or organisations to which further enquiries might be directed by members of the selection committee.

### Person 1

<b>Full Name:</b>	
<b>Organisation:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	

### Person 2

<b>Full Name:</b>	
<b>Organisation:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	