**2022 FLOOD EVENT
 Nomination Form**

(For higher level awards e.g. life rescues and hazardous circumstances)

Guidelines

**General Information**

The 2022 Flood Event is one of Australia’s worst recorded flood disasters. It involved a series of major floods occurring in South East Queensland, the Wide Bay-Burnett and parts of coastal New South Wales.

Applicable circumstances for nomination may include, but are not restricted to:

* Cyclonic and/or flood conditions.
* Acts of exceptional actions in hazardous circumstances where there has been a clear and significant risk to life.
* Actions undertaken by trained personnel which require an extension to normal procedures.
* Removal of passengers from vehicles or relocation of people from flooded locations.

**Eligibility Criteria**

Members of the QFES workforce, paid and volunteer, are eligible for nomination for this award.

This award may be made posthumously.

**Nomination Process**

1. Nominations are made via a nominator within QFES.
2. Complete this form and submit to appropriate Manager for sighting. It is the responsibility of the nomination officer to ensure that the individual’s details are correct and to ensure that, to the best of their knowledge, the individual being nominated meets the eligibility criteria.
3. Managers are responsible for considering nominations regarding the eligibility criteria and ensuring the nomination is progressed.
4. Manager sighted nominations are to be submitted to the relevant Assistant Commissioner (AC)/Executive Director (ED) for approval.
5. AC/ED approved nominations are submitted to QFES Honours, Reward and Recognition (HRR) Team.
6. The HRR Team conduct various credential checks and submit integrity checks to the Workforce Liaison Unit. Any adverse integrity checks are sent directly to the Chair, HRR Advisory Panel for consideration.
7. All nominations meeting the eligibility criteria and are clear of integrity checks are progressed to the HRR Advisory Panel for determination of the type of recognition.
8. Once determined the level of recognition, the Panel will recommend to the Commissioner for approval.
9. Once Commissioner approval is sought, the HRR Team will finalise the nomination and advise the relevant Assistance Commissioner.

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| **PART ONE – NOMINEE/S** |
| **Given Name**:       | **Surname**:       | **DOB:**       |
| **ID** **No**:       | **Rank/Position**:       |
| **Region:**       | **Unit:**       | **Service**: [ ]  FRS [ ]  RFS [ ]  SES  |
|  |  [ ]  DM [ ]  State |
| **List the names of those that were with you in your team and should also be recognised in this nomination*** Please include names and ID No.
* Please include Team name i.e. Swiftwater Alpha
 |
|  |
| **PART TWO – DETAILS OF INCIDENT**  |
| **Date:**       | **Time:**       | **Location:**       |
| **Explain in detail the situation:** |
|       |
| **Explain in detail the actions taken and the result:** |
|       |

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| **Explain in detail the hazards faced:** |
|        |
| **Explain in detail the associated high risks:** |
|       |
| **Explain in detail what other courses of action were available at the time:** |
|       |
| **Were any other agencies involved (i.e. QPS, QAS, Defence Force)** |
|       |
| **PART THREE - ATTACHMENTS** |
| * You may submit up to five relevant supporting materials to support your nomination
* Videos accepted
* Photos accepted
* Website URLs accepted
* ESCAD/VIMS reports accepted
 |
| **Website URL: https://** |
| **Video link:** |
| **Photos and Reports:** please include as an attachment to this nomination. |
| **PART FOUR – NOMINATOR** |
| **Given Name**:       | **Surname**:       | **DOB:**       |
| **ID** **No**:       | **Rank/Position**:       |
| **Region:**       | **Unit:**       | **Service**: [ ]  FRS [ ]  RFS [ ]  SES  |
|  |  [ ]  DM [ ]  State |
| **PART FIVE – SIGHTED BY MANAGER** (e.g. Area/Zone Commander, Regional Manager, Executive Manager, Director) |
| **Title:**       | **Given Name:**       | **Surname:**       |
| **Position:**       |
| **Signature:**       | **Date:**       |
| **Do you support this nomination?** [ ]  Yes [ ]  No (Please comment) |
| **Comments:**      **Note: this nomination must be progressed to the AC/ED’s Office** |
| **PART SIX – ENDORSEMENT BY ASSISTANT COMMISSIONER / EXECUTIVE DIRECTOR** |
| **Title**:       | **Given Name**:       | **Surname**:       |
| **Signature**:       | **Date**:       |
| **Comments:**       |