Newfoundland and Labrador Award for Bravery

NOMINATION FORM



Candidate	Nonniator
Full Name Mr□ Mrs□ Ms□ Dr□	Full Name Mr□ Mrs□ Ms□ Dr□
Home Address	Home Address
Postal Code Telephone	Postal Code Telephone
Email	Email
Occupation	Relationship to Candidate
Information in Support of the Nomination	
(Please attach separate sheet if more space is needed.)	(Please attach print media clippings if available.)
When the incident occurred** (date and time of day)	Description of the situation
Where the incident occurred	_
Person(s) whom required assistance Full Name Mr□ Mrs□ Ms□ Dr□	
Home Address	_
Postal Code Telephone	_
Email	Details of the actions of the candidate
Relationship to Candidate	_
Witness(es) to the act Full Name Mr□ Mrs□ Ms□ Dr□	
Home Address	_
Postal Code Telephone	_
Name(s) of Police Officer(s) involved in investigating the incident	Result of these actions
Detachment Force RNC□ RCMP□	
Nominator Signature	NOMINATIONS FOR THE AWARD SHOULD BE FORWARDED TO: Executive Council, Protocol Division P.O. Box 8700
Date	St. John's, NL A1B4J6

Privacy Notice Under the authority of the *Bravery Award Act* personal information is collected for program requirements. This information is kept confidential and handled as required by the *Access to Information and Protection of Privacy Act, 2015 (ATIPPA, 2015)*. Any questions or comments can be directed to the Chief of Protocol at 709-729-3670.

Please Note. * Only persons resident in the Province of Newfoundland

and Labrador are eligible for nomination.