Nova Scotia Bravery Award Nomination

The Nova Scotia Medal of Bravery recognizes those who have risked their own lives or safety to help another person or to protect property.

Deadline for nominations: May 1 (completed form plus all supporting documents)



st name:	First name:
Middle name:	
Mailing address:	
Phone 1:	Date of birth (dd/mm/yyyy):
Phone 2:	E-mail address:
2 Give personal information	on for the person you are nominating (nominee)
_ast name:	First name:
Middle name:	
Mailing address:	
Phone 1:	Date of birth (dd/mm/yyyy):
Phone 2:	E-mail address:
the state of the s	d in detail
	ny question, submit a separate page.
• ,	nust be within the last 3 years): (dd/mm/yyyy)
• Time of day:	
 Place where the incident took 	place:
• Weather factors and temperate	ure:
	. viala
. N	risk.
Number of people who were atOr what property was protected	



How the person being nominated risked their own life or personal safety:					
	Extent of danger to the nominee:				
	The nominee's physical condition at the time of the incident:				
	Any injuries the nominee suffered as a result of the incident:				
	Special problems present:				
	Equipment used:				
	Who else was present:				
	Who else helped:				
	Any training or experience that prepared the nominee for the bravery demonstrated:				



f the act of bravery involved water:						
·	depth of water:					
	• tide conditions:					
	tide conditions.					
·	personal flotation device or life jacket:					
•						
f the act of bravery involved fire:	·					
•						
severity of the fire during the resc	cue:					
means of access to the victim-st	tairs, roof, window:					
condition of the means of access:	:					
nature of the smoke—light dense	, highly toxic:					



Describe what happened in detail continued ————————————————————————————————————
Other details that help explain what happened:



4 Attach 2 signed witness sta	tements —					
Witness statements should explain the incident and themust be signed and datedmay be from first responders or bys	act of bravery preformed in detail					
Witness statement attached for						
Last name:	First name:					
Address:	Phone number:					
Witness statement attached for						
Last name:	First name:					
	Phone number:					
– 5 Attach all available support	ing material ————————————————————————————————————					
☐ Copy of police report	☐ Copy of police report ☐ Photographs of the scene					
Video of the rescue or aftermath	☐ Video of the rescue or aftermath ☐ Interviews with witnesses					
Copy of media reports	☐ Diagram of the scene					
☐ Transcript of 911 call	☐ Other:					
$_{-}$ 6 Sign the certification and c	onsent					
I certify that the information given on						
•	n for the purpose of assessing the merits of this nomination.					
	be used and stored as required under the Freedom of Information and					
Name (please print):	Signature:					
Date:						
7 Detum the form with all our	morting material by mail or amail					
	pporting material by mail or email ————————————————————————————————————					
Provincial Secretary Department of Ju 1690 Hollis Street PO Box 7 Halifax, Nova Scotia B3J 2L6	stice or medalofbravery@novascotia.ca					
Deadline: May 1						

Questions? 902-424-5941 medalofbravery@novascotia.ca



