**NOMINATION FOR A NEW ZEALAND ROYAL HONOUR**

**WHAKAINGOATANGA KIA WHAKAWHIWHI KI TETAHI   
TOHU WHAKAMANAWA ROERA O AOTEAROA**

***New Zealand Bravery Award***

**Please read the accompanying bravery nomination guidelines before completing this form.**

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| Section 1 – Information about the nominator – person making the nomination. |

**Personal details** \* Required details

|  |  |
| --- | --- |
| Title \* |  |
| First Name \* |  |
| Middle Names |  |
| Surname \* |  |
| Current Royal Honours |  |
| Relationship to the nominee \* |  |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Street/Apartment No. \* |  | Post Code \* |  |
| Street Name \* |  | Home Phone |  |
| Suburb |  | Mobile Phone |  |
| City/Town \* |  | Email Address\* |  |

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| Section 2 – Information about the nominee - person you are nominating for a Bravery Award. |

**Personal details** \* Required details

|  |  |  |  |
| --- | --- | --- | --- |
| Title \* |  | | |
| First Name \* |  | | |
| Middle Names |  | | |
| Surname \* |  | | |
| Date of birth |  | Gender \*  Male Female  Another gender (please specify): \_\_\_\_\_\_\_\_\_\_\_\_ | |
| Citizenship |  | Ethnicity  (if known) |  |
| Current Royal Honours |  | Crown Appointments |  |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Street/Apartment No. \* |  | Post Code \* |  |
| Street Name \* |  | Home Phone |  |
| Suburb |  | Mobile Phone |  |
| City/Town \* |  | Email Address\* |  |
| Section 3 – Next of kin if nominee is deceased. | | | |

**Personal details** \* Required details

|  |  |
| --- | --- |
| Title \* |  |
| First Name \* |  |
| Middle Names |  |
| Surname \* |  |
| Relationship to the nominee \* |  |

**Contact details**

|  |  |  |  |
| --- | --- | --- | --- |
| Street/Apartment No. \* |  | Post Code \* |  |
| Street Name \* |  | Home Phone |  |
| Suburb |  | Mobile Phone |  |
| City/Town \* |  | Email Address\* |  |

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| Section 4 – The nomination details – Act of Bravery |

Please complete all of the sections below.

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| 1. The act of bravery occurred on (day, month, year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am / pm at (place): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is there a relationship between the nominee and the rescued person or are the nominee and the rescued person know to each other? If so state the relationship or association.    No  Yes If yes, please state relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the nominee being considered or nominated for any other bravery award for the same act?    No  Yes If yes, please give details of the other nomination:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Were other people involved in the act of bravery?    No  Yes If yes, please indicate if they are also being nominated of an award. If they  are not being nominated, please state the reason.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Describe the precise details of the act of bravery** 2. *Bravery Awards are designed to recognise those persons who save or attempt to save the life of another person in the course of which they place their own safety at risk.* 3. *Please provide a factual statement of the act of bravery for which it is considered the nominee merits recognition. It is most important that, if possible, statements from eye witnesses or other persons associated with the incident should be attached, together with photographs of the incident or of the place where it occurred.* 4. *The following should not be submitted: Original documents, testimonials and references which do not specifically relate to the act, books, and digital media. Copies of newspaper clippings or other media reports may be submitted but should not be used as the basis for the nomination.* 5. **(Continued) Describe the precise details of the act of bravery:** |

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| Section 5 – Statements of eye witnesses or other persons |

**Statements from persons who witnessed or other persons associated with the act of bravery are most important and must be attached to this form.** Statements should include the names and contact details for witnesses, so that the Honours Unit can follow up as required to substantiate or verify the details of the act of bravery. Suitable witnesses may include individuals such as police officer, fire fighter, ambulance officer, medical practitioner, nurse, bystanders or others. Please attach the statements of eye witnesses and other people to this form and list these persons below.

|  |  |
| --- | --- |
| **Name of person** | **Tick if letter is attached** |
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| Section 6 – Checklist and Sending Application |

Have you re-checked your nomination and ensured all the compulsory information has been provided?

Have you answered all the questions in section 4?

Are your statements of eye witnesses and other people enclosed with this nomination?

PLEASE SEND THIS FORM AND ANY ENCLOSURES TO:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| The Honours Unit  Cabinet Office  Parliament Buildings  PO Box 55  Wellington 6011 | |  |  | | --- | --- | | Telephone number: | (04) 830 5011 | | E-mail: | [honours@dpmc.govt.nz](mailto:honours@dpmc.govt.nz) | | Web: | [www.dpmc.govt.nz/our-programmes/new-zealand-royal-honours](http://www.dpmc.govt.nz/our-programmes/new-zealand-royal-honours) | |  |  | |

In making this nomination I acknowledge the [privacy statement for the New Zealand Royal Honours System](https://www.dpmc.govt.nz/our-programmes/new-zealand-royal-honours/privacy-statement).

**Nominator signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**