Rescue Award Nomination Form

Thank you for taking the time to complete and submit this nomination form. The information you provide the Heart and Stroke Foundation in Manitoba will help recognize selfless humanitarian efforts of community members who attempt to help another person in their time of need.

Please submit the completed form to:

Heart and Stroke Foundation of Canada - Manitoba • 6 Donald Street • Winnipeg, Manitoba • R3L 0K6

It is important to recognize that a person may not survive in spite of best efforts. Feeling upset after a rescue attempt, even if it was successful, is a normal reaction. Providing assistance in an emergency is a very generous act.

Date nomination submitted	to HSFM					
Submitted by				Relationship to rescuer		
Rescuer information						
Name				Age (optional)		
Address				/T. D I.C.		
	(Stree	t address/Box	number, City	// Iown, Postal Co	de)	
Phone (daytime)			il address _			
				(Required field)		
Event information						
Date of event						
City/Town Locati			tion			
				(i.e. Airport, sho	pping mall, sporting ev	ent, home)
Rescuer's relationship to victim:		☐ Family member		☐ Friend	□ Unknown	
The nominated rescuer was:		☐ First on scene		☐ Assisting another rescuer		
The nominated rescuer was:		☐ CPR trained		☐ Assisted by 911/local EMS operator		
Was an AED available?	☐ Yes	□ No	If Yes:	□ Used pric	or to EMS arrival	☐ By EMS
Event details						
Please provide a description	n of the even	ts which occ	urred: (Use l	oack of form if a	additional space requ	ired)
Victim information (if availab	ole):					



The Heart and Stroke Foundation in Manitoba is committed to protecting the privacy of personal information. Information gathered on this form will be used exclusively to maintain a record of rescue attempts and to distribute rescuer awards.