

## Nomination for the Queen's Ambulance Service Medal (QAM)

Please save the completed form as a WORD document and submit by email without electronic signature to DH Honours Team using the following mailbox address: [mb-honours@dh.gsi.gov.uk](mailto:mb-honours@dh.gsi.gov.uk).

### PART 1:

#### NOMINEE

Please clearly print or type the following details about the person you are nominating. You must ensure that all sections of this form are completed or we will be unable to consider your nomination.

List: Please select...      Birthday Honours       New Year Honours

#### Personal Details

*Personal details and citation must be completed in typescript*

Title: (Check appropriate box)	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>
	Miss	<input type="checkbox"/>				
Surname:			Forename(s):			
Date of Birth:			Age:			
Gender:			Nationality:			
Substantive rank/ position:			Length of service:			
Name and address of NHS Ambulance Service:						

### PART 2:

#### RECOMMENDATION

#### Recommendation and comments

Please note that the recommendation should at least be supported by the initiating person's immediate line manager and **MUST** be signed off by either the Chief Executive or Chair of the ambulance service.

*Please check the box which best describes the level of support for this recommendation*

Recommended

Strongly Recommended

Very Strongly Recommended

**Citation**

*Please summarise the nominee's suitability for this achievement based against the required eligibility criteria. The length of the citation must not exceed a 300-word count.*

**PART 3:**

Nominated by:

Nomination supported by (Chief Executive/ Chair):

Date: