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

Please save the completed form as a WORD document and submit by email to the Association of Ambulance Chief Executives (AACE) using the following mailbox address: [info@aace.org.uk](mailto:info@aace.org.uk) marked ‘CONFIDENTIAL QAM’

### Nominee Personal Details

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** | Click or tap here to enter text. | **Forename** | Click or tap here to enter text. |
| Date of birth | Click or tap to enter a date. | Gender | Choose an item. |
| Nationality | Click or tap here to enter text. |  |  |

|  |  |
| --- | --- |
| **Home Address** | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |

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| --- | --- | --- | --- |
| **Substantive rank/position** | Click or tap here to enter text. | **Length of service** | Click or tap here to enter text. |
| **I can confirm that the length and record of the nominee’s service has been verified as accurate** | | | Mark with an X |

### Citation (maximum of 350 words)

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| --- |
| Please summarise the nominee’s suitability for this achievement based against the required eligibility criteria. The length of the citation must not exceed a 350-word count. |

### Sign off

|  |  |
| --- | --- |
| **NHS Ambulance Trust** | Click or tap here to enter text. |
| **Name of Line Manager** | Click or tap here to enter text. |
| **Nominated by (if different from above)** | Click or tap here to enter text. |
| **Nomination supported by (Chief Executive/Chair)** | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature | Click or tap here to enter text. | Date | Click or tap to enter a date. |