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**Nomination for**

**Airport Safety Awards 2024/25**

**Quarterly Airport Safety Award (Team)**

**Please nominate 2 to 5 staff from the same organisation or different organisations who have demonstrated teamwork in ensuring safety of airport operations or development works beyond their scope of work.**

**Examples:**

* **Worked together and performed a life-saving or heroic act**
* **Implemented a project which enhanced safety of airport operations**
* **Executed a successful campaign to raise safety awareness**

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| **Period of nomination**  | **1st Qtr****Apr to Jun 2021** | **2nd Qtr****Jul to Sep 2021** | **3rd Qtr****Oct to Dec 2021** | **4th Qtr****Jan to Mar 2022** |
| **Please tick ( √ ) one** |  |  |  |  |

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| **(A) Nominee 1’s Particulars** |
| **Name (as per NRIC):**  | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Division/ Department:** |  |
| **Length of Service:** |  |
| **Work Location:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |

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| **(B) Nominee 2’s Particulars** |
| **Name (as per NRIC):**  | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Division/ Department:** |  |
| **Length of Service:** |  |
| **Work Location:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |

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| **(C) Nominee 3’s Particulars (if applicable)** |
| **Name (as per NRIC):**  | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Division/ Department:** |  |
| **Length of Service:** |  |
| **Work Location:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |

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| **(D) Nominee 4’s Particulars (if applicable)** |
| **Name (as per NRIC):**  | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Division/ Department:** |  |
| **Length of Service:** |  |
| **Work Location:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |

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| **(E) Nominee 5’s Particulars (if applicable)** |
| **Name (as per NRIC):**  | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Division/ Department:** |  |
| **Length of Service:** |  |
| **Work Location:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |

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| **(F) Write-up on Safety Act or Safe Behaviour**i.e. How the team went beyond their duties and worked together to ensure safety of airport operations or development works at Changi or Seletar Airport. |
| ***Please indicate date or period of safety act: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****(max. 200 words)***Note**: Including excerpts from compliments which the team member(s) received for the safety act would be an added bonus. Please attach supporting documents where available. |

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| **(G) Nominator’s Details** |
| **Name:** | Mr / Mdm / Ms / Miss |
| **Designation:** |  |
| **Organisation:** |  |
| **Contact No:** | (HP): (O): |
| **E-mail Address:**  |  |
| **Signature & Date:** |  |

**Disclaimer:** By submitting this form, you hereby agree that Changi Airport Group may collect, obtain, store and process yours’ and your nominee’s personal data that you provide for the purpose of record keeping.