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**Nomination for**

**Airport Safety Awards 2020/21**

**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 2020** | **2nd Qtr****Jul to Sep 2020** | **3rd Qtr****Oct to Dec 2020** | **4th Qtr****Jan to Mar 2021** |
| **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:**  |  |
| **(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:** |  |