



WESTERN AUSTRALIA POLICE FORCE STAR MEDAL APPLICATION FORM

IMPORTANT INFORMATION

This application is to assess eligibility for the WA Police Force Star (The Star). The Star recognises members who are killed or seriously injured whilst carrying out their primary functions on or off duty. It acknowledges the unique and unpredictable dangers of policing in the community and the sacrifices made serving the community of Western Australia.

To be eligible to receive The Star, the death or serious injury must be in relation to:

- An operational incident
- An attack as a result of that person being identified as employed by the WA Police Force
- An incident that occurred as part of official training

The employee's actions must be:

- Deemed reasonable under the circumstances
- Within the capacity of their employment
- Carried out with due diligence and adherence to the WA Police Force policies and procedures

Serious injury is defined as:

- Any significant bodily injury or psychological illness, and
- Caused significant permanent disfigurement or impairment which considerably diminished the employee's operational capacity

RETURN FORM:

Officer in Charge
Honours & Awards
Westralia Square
Level 8, 141 St Georges Terrace
PERTH WA 6000

Email: HonoursandAwardsSMAIL@police.wa.gov.au

Phone: (08) 6229 5671

PRESENTATION:

- Collect in person
- WA Police Force Local District Office
- Send via registered post
- Ceremony

DETAILS OF NOMINEE

PD NUMBER

P	D						
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DATE OF BIRTH

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RANK/TITLE

FULL NAME

RESIDENTIAL ADDRESS

SUBURB

STATE

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POST CODE

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POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

SUBURB

STATE

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POST CODE

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EMAIL ADDRESS

TELEPHONE NUMBER

NOMINEE CURRENTLY SERVING?

YES NO

OPERATIONAL

YES NO

COMMENCEMENT DATE (IF KNOWN)

		/			/				
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CESSATION DATE (IF KNOWN)

		/			/				
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PLEASE INDICATE TYPE OF CESSATION

- RESIGNATION RETIREMENT
- DISMISSAL MEDICAL RETIREMENT

OTHER (PLEASE INDICATE BELOW)

IS THIS A POSTHUMOUS APPLICATION?

YES NO

DATE OF DEATH (IF APPLICABLE)

		/			/				
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DATE OF INJURY

Grid for date of injury: [][] / [][] / [][][][]

INCIDENT N^o (IF KNOWN)

Text box for incident number

PROSECUTION N^o (IF KNOWN)

Text box for prosecution number

NATURE OF INJURY

Text box for nature of injury

To enable assessment of the nomination, the nomination must contain full details of the incident/s that led to the permanent serious injury or death along with all relevant supporting medical documentation. Attach additional pages if necessary. By signing this document, you are stating all information is true and correct.

Large text box for nomination details

DETAILS OF NOMINATOR

FULL NAME

Text box for full name

EMAIL ADDRESS

Text box for email address

RESIDENTIAL ADDRESS

Text box for residential address

TELEPHONE NUMBER

Text box for telephone number

SUBURB

Text box for suburb

RELATIONSHIP TO NOMINEE

STATE

Grid for state: [][][]

POST CODE

Grid for post code: [][][][][]

SPOUSE/DEFACTO

NEXT OF KIN/EXECUTOR OF ESTATE

POSTAL ADDRESS (IF DIFFERENT TO RESIDENTIAL ADDRESS)

Text box for postal address

POWER OF ATTORNEY/GUARDIANSHIP (INCLUDE EVIDENCE)

COLLEAGUE/SUPERVISOR

SUBURB

Text box for suburb

OTHER (PLEASE INDICATE BELOW)

STATE

Grid for state: [][][]

POST CODE

Grid for post code: [][][][][]

Text box for other relationship

CONSENT TO RELEASE MEDICAL INFORMATION

DECLARATION COMPLETED BY NOMINEE

FULL NAME

Text box for full name

I, [] consent to Health, Welfare and Safety Division of the Western Australia Police Force to provide the Western Australia Police Force Honours and Awards Unit with personal information, inclusive of sensitive medical information, including psychological information about me specifically in relation to my mental health diagnosis, impact on my functioning, and/or any association to specific incidents in my work role, solely for the purpose of assessing my nomination for the WA Police Force Star Medal. I further consent to this information being made available to the Honours and Awards Consultative Committee to fulfil their function in determining the outcome of your nomination.

SIGNATURE

Text box for signature

DATE

Grid for date: [][] / [][] / [][][][]