

**THE CYRILLE AND ELAINE LAURIN  
SUGGESTION AWARD PROGRAMME**

TO: National Director of Volunteer Support  
St. John Ambulance, National Headquarters  
312 Laurier Avenue East  
Ottawa, Ontario  
K1N 6P6

1. SUGGESTION TITLE

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2. DESCRIPTION OR STATEMENT OF SUGGESTION

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3. LIST ANY TRIALS OR TESTS OF YOUR SUGGESTION AND THE RESULTS

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4. LIST AND INCLUDE COPIES OF SKETCHES OR DRAWING (IF ANY) AND  
PROVIDE ADDITIONAL COMMENTS IF REQUIRED

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5. **SUMMARY - STATE WHY YOU BELIEVE YOUR SUGGESTION WILL BE OF BENEFIT TO ST. JOHN AND WHY YOU SHOULD BE REWARDED**

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6. **IMPORTANT**

- a. Do NOT indicate your name or St. John organization on this submission. Instead, include the title of your submission, your name, address and St. John organization in a separate sealed envelope and attach it to the submission. If there is more than one suggester, include all names in the sealed envelope and indicate how any cash award is to be divided (by percentages);
- b. Mail by certified post to the address shown at the top of this proforma. To be considered during the current calendar year, submissions must be post-marked not later than 30 June. Receipt of your suggestion will be acknowledged.

Date Submitted:

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Date Received:

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