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**BRANCH OFFICER NOMINATION FORM 2024/2025**

**BRANCH OFFICER ……………………………..…………………………**

(Please write the name of the role here)

**Nominee Details**

Full Name……………………………………………………………………………………

Membership No. (if known)………………… Email………………………………………

Home address ………………………………………………………………………………

…………………………………………………………………Postcode…………………..

Telephone number………………………………………………………………………….

Employer……………………….………...Job Title………………………………………..

Work address ……………………………………………………………………………….

I consent to my nomination. Signed……………………..……..Date…………………...

**Proposed by:**

Print name………………………………………

Home Address………………………………………………………………………………

Membership No. (if known)……………….. Email………………………………….

**Seconded by:**

Print name………………………………………

Home Address………………………………………………………………………………

Membership No. (if known)……………….. Email………………………………….

The nominee, proposer and seconder must all be fully paid up members of the Branch. **Forms must be returned via email** **unison1@wirral.gov.uk** **or post: Wirral Unison, 2nd Floor, Rock Ferry Centre, 257 Old Chester Road, Rock Ferry CH42 3TD**