****

**WORKPLACE REP NOMINATION FORM 2024/20245**

**WORKPLACE / DEPARTMENT …………………………………………**

 **STEWARD 🞏 HEALTH & SAFETY REP 🞏 LEARNING REP 🞏**

(Please tick the box of the position you wish to be nominated for)

**Nominee Details**

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

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

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

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

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

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

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

**Proposed by:**

Print name………………………………………… Employer…………………………….

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

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

**Seconded by:**

Print name………………………………………… Employer…………………………….

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

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

**The nominee, proposer and seconder must all be fully paid up members of the Branch. Please ensure that all parts of this form are completed.**