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**WORKPLACE REP NOMINATION FORM 2017/2018**

**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. …………………………… E-mail………………………………………

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

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

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

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

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

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

**Proposed by:** (Please sign)…..…………………………………………………………….

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

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

Membership No. ……………………………….. E-mail………………………………….

**Seconded by:** (Please sign)…………………………………………………………………

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

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

Membership No. ……………………………….. E-mail………………………………….

**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.**

**Completed nomination forms to be received at Branch Office by no later than 12.00noon on Wednesday, 11 January 2017.**