**NOMINATIONS FOR HEALTH AND SAFETY REPRESENTATIVE**

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| If after consultation with workers, it has been determined that nominations should be called for the position of **Health and Safety Representative.** This is a voluntary position i.e., there is no additional pay associated with the position. | | | | | | | | | | | | | | | |
| **<insert name of Work Group>** | | | | | | | | | | | | | | | |
| * The position is for a limited period as per Work Health and Safety legislative requirements. * Training will be provided. * If you have any queries about the position contact the Returning Officer. | | | | | | | | | | | | | | | |
| Nominations close on: | | | <insert day> | | <insert date> | | | | | | | | <insert time> | | |
| Workers are encouraged to nominate for the above position by completing the Nomination section below and forwarding to the Returning Officer. | | | | | | | | | | | | | | | |
| Nomination Section | | | | | | | | | | | | | | | |
| I would like to nominate myself for the position of:  Health & Safety Representative  **for this Work Group.**  I have obtained their prior approval and would like to nominate (first & last name)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ for the position of:  Health & Safety Representative  **for this Work Group.**  **I confirm that I am a member of this Work Group.** | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | Contact Number: | | | | | |  | |
| Site / Location: | |  | | | | | | | | | | | | | |
| Signature: | |  | | | | | | | | | Date: | | |  | |
| Forward completed nominations to the Returning Officer. | | | | | | | | | | | | | | | |
| Returning Officer: | | <insert name> | | | | Contact Number: | | | | | |  | | | |
| Address: |  | | | | | | | | | | | | |
| Fax No. |  | | | | Email: | | |  | | | | | |
| Other: |  | | | | | | | | | | | | |
| If more than one nomination is received, an election will be held on: | | | | | | | | | | | | | | | |
| <insert day> | | | <insert date> | | | | | <insert time> | | | | | |