**BALLOT FOR ELECTION OF HEALTH AND SAFETY REPRESENTATIVE**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| BALLOT PAPER | | | | | | | | | | |
| Work Group: | **<insert name of Work Group>** | | | | | | | | | |
| Election of: | Health and Safety Representative | | | | | | | | | |
| Ballot Closes: | **<insert Day, Date & Time>** | | | | | | **No.** | | | **<insert No.>** |
| The candidates named below have been nominated for the position of Health and Safety Representative for **<insert name of Work Group>.**  As a member of this work group, please choose your preferred candidate by marking **one** box below and forwarding the ballot paper to your Returning Officer by the close of ballot.  Please note you are only allowed to forward one ballot paper per worker. | | | | | | | | | | |
| CANDIDATE’S NAME | | | | | | | | **Mark only the box of the person you wish to vote for.** | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| <insert Candidate’s name> | | | | | | | |  | | |
| Forward completed Ballot Paper to the Returning Officer. | | | | | | | | | | |
| Returning Officer: | | <insert name> | | Contact Number: | | | | |  | |
|  | | Address: |  | | | | | | | |
|  | | Fax No. |  | | Email: |  | | | | |
|  | | Other: |  | | | | | | | |