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

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| 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: |  |