

BRANCH NOMINATION FORM 2023-2024



Name:

Membership No:

EMPLOYER: **DEPARTMENT**

WORKPLACE:

Work Email: **Tel:**

HOME ADDRESS:

Personal Email: **Tel:**

Which email do you prefer mail to be sent:

Workplace

☐

Personal

☐

All nominations will be ratified at the Branch AGM or the monthly Branch Executive Committee if the AGM has already passed. Once nominations have been ratified all nominees will be written to and sent details of training course where appropriate. Where facility time is attached to a post, we will also write to your manager to notify them of your election so please provide details of who your manager is below:-

My Manager is Email

BRANCH OFFICER NOMINATIONS

I wish to be nominated for the following Branch Officer post:

Branch Officer

(Please include name of post)

Please ask two members to support your nomination:-

Proposed by (Name) Signature

Seconded by (Name) Signature

PLEASE SIGN BELOW:-

Signed:

Dated:

STEWARD AND HEALTH AND SAFETY REP NOMINATIONS

I wish to be nominated for the following: (Please X box below)

Steward

☐

Health & Safety Rep

☐

10 members within your section should agree to your nomination. If your section does not have 10 members, then the majority of members should agree to your nomination. Please ask them to sign the form below or send you an email confirming their support. Please send the emails to the branch with your Nomination Form.

PLEASE ASK MEMBERS TO COMPLETE THE SECTION BELOW:

	Name	Section/Dept	Membership No.	Signature
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

PLEASE SIGN BELOW:

Signed:

Dated:

UNION LEARNING REP (ULR) NOMINATIONS

I wish to nominate for the role of Union Learning Rep (ULR)

As a ULR is a self-nomination you do not need members to support your Nomination

PLEASE SIGN BELOW:

Signed:

Dated: