

AGM NOMINATION FORM APRIL 2024 - MARCH 2025

NAME: _____ **MEMBERSHIP NO:** _____

ALL NOMINEES ARE REQUIRED TO FILL IN THE SECTIONS BELOW, THEN SIGN AND DATE

BRANCH OFFICER POST (please write in name of post)

Proposed by (Name) Signature

Seconded by (Name) Signature

STEWARD

HEALTH & SAFETY

UNION LEARNING REP

EMPLOYER..... DEPARTMENT/SECTION

WORKPLACE:

Email: **Tel:**

HOME ADDRESS:

Email: **Tel:**

Please indicate where you prefer mail to be sent: Workplace Home

SIGNED: _____ **DATE:** _____

STEWARD AND HEALTH & SAFETY REP NOMINATIONS - PLEASE ASK MEMBERS TO COMPLETE THIS SECTION 10 members within your section should agree to your nomination. If your section does not have 10 or more members, then the majority of members should agree to your nomination. If it is not possible for colleagues to physically sign your nomination form please ask them to send you an email confirming their support. You should then send these emails to the branch with your Nomination Form.

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

Please return to unison@nottinghamcity.gov.uk by 31 January 2024