NOTIFICATION OF ELECTION FORM

# HEALTH & SAFETY REPRESENTATIVE

# ELECTIONS

## NOTICE OF MEETING

An election of an employee Health and Safety Representative for the work group known as:

Will be held if an election is necessary on:

**DATE:**

**TIME:**

**PLACE:**

## CALL FOR NOMINATIONS

Nominations for the above position are invited from members of the above work group. Nominations in writing must be received by the returning officer

 at

on or before 5 pm on nomination

forms are available from the returning officer.

**FOR NOTICE BOARDS**

**(Returning Officer)**

NOMINATION FORM

# **HEALTH & SAFETY REPRESENTATIVE**

# **NOMINATION**

**(Name in block letters)**

### BEING A MEMBER OF THE

 **WORKGROUP**

## OF THE

**(Name of Workplace)**

### Wish to nominate for the position of

### Health & Safety Representative

### for this Work Group

**(Signature) (Date)**

BALLOT PAPER

# **FOR THE ELECTION OF OFFICE OF**

# **HEALTH & SAFETY REPRESENTATIVE FOR THE**

**WORK GROUP KNOWN AS**

### OF THE

**(Name of Workplace)**

Place a cross [X] in the box next to the name of the candidate of your choice.

 (candidates name)

(candidates name)

#### Ballot papers must be received by the Returning Officer on, or before 5.00 pm

Returning Officer Date

NOTICE OF RESULTS

# HEALTH & SAFETY REPRESENTATIVE

# RESULTS

INSERT NEW LEGISLATION

Has been elected as the Health and Safety Representative for the work group known as

**Returning Officer (Signature) (Date)**

 **FOR NOTICE BOARDS**