**NOMINATIONS FOR HEALTH AND SAFETY REPRESENTATIVE**

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| If after consultation with workers, it has been determined that nominations should be called for the position of **Health and Safety Representative.** This is a voluntary position i.e., there is no additional pay associated with the position. |
| **<insert name of Work Group>** |
| * The position is for a limited period as per Work Health and Safety legislative requirements.
* Training will be provided.
* If you have any queries about the position contact the Returning Officer.
 |
| Nominations close on: | <insert day> | <insert date> | <insert time> |
| Workers are encouraged to nominate for the above position by completing the Nomination section below and forwarding to the Returning Officer. |
| Nomination Section |
| [ ]  I would like to nominate myself for the position of:[ ]  Health & Safety Representative **for this Work Group.**[ ]  I have obtained their prior approval and would like to nominate (first & last name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ for the position of: [ ]  Health & Safety Representative **for this Work Group.****I confirm that I am a member of this Work Group.**  |
| Name: |  | Contact Number: |  |
| Site / Location: |  |
| Signature: |  | Date: |  |
| Forward completed nominations to the Returning Officer. |
| Returning Officer: | <insert name> | Contact Number: |  |
| Address: |  |
| Fax No. |  | Email: |  |
| Other: |  |
| If more than one nomination is received, an election will be held on: |
| <insert day> | <insert date> | <insert time> |