
Nomination Form for the position of HSR / Deputy HSR

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WORK GROUP:

.....
(fill in which area/section/group that HSR will represent)

In accordance with,
(Insert name of relevant health and safety law)

nominations are called for the above position.

Please note only Work Group members can nominate.

If only one nomination is received by the closing date, that person shall be deemed duly elected. If more than one nomination is received, an election will be conducted by the AMWU.

Nominations will close at am/pm
(time)

on / /
(day of the week) (date)

(Name Returning Officer/AMWU Delegate or Organiser)

(Signature Returning Officer/AMWU Delegate or Organiser)

Date ____ / ____ / ____

.....
I wish to nominate for the position of HSR / Deputy HSR for the

..... **Work Group.**
(Insert name of Work Group)

Full Name

Signature **Date** / /