

Nomination Form



UNISON Pennine Care Health Branch (20059)
ELECTION OF REPRESENTATIVES 2012/2013
(to be completed in BLOCK CAPITALS)

Please tick the relevant box(es) for the role(s) you wish to be nominated for

- BRANCH OFFICER _____ (indicate which role here)
- STEWARD ULR EQUALITY REP
- HEALTH & SAFETY REP

Employer: _____ Dept/Site: _____

Full Name (Mrs/Miss/Ms/Mr): _____

Job Title & Work Address: _____

E-Mail Address: _____

Work Telephone No: _____

Membership No or National Insurance No: _____

Home Address (for correspondence): _____

Post Code: _____ Tel No: _____

Is hereby nominated for election for the above position(s) for the forthcoming year.

Proposed by (Please sign): _____

Name (PLEASE PRINT): _____

Home Address: _____

Membership No or Nat. Insurance No: _____

E-Mail Address: _____

Seconded by (Please sign): _____

Name (PLEASE PRINT): _____

Home Address: _____

Membership No or Nat. Insurance No: _____

E-Mail Address: _____

I consent to my nomination. Signed: _____ Date: _____

In order to be a valid nomination the form must be correctly and legibly completed in full and the nominee, proposer and seconder must all be fully paid up members of the Branch. COMPLETED NOMINATION FORMS MUST BE RECEIVED NO LATER THAN MIDDAY ON FRIDAY 3 AUGUST 2012

Please return completed form to:

Amy Barringer, UNISON North West Freepost MR9713
Arena Point, 1 Hunts Bank, Manchester, M3 9PD (no stamp required)