



NOMINATION FORM

North Devon Health Branch

unisonhealthndevon@hotmail.co.uk

Tel: 01271 322353

www.unisonhealth-northdevon.org.uk

Branch Officers

I accept the nomination for the following position (please tick):

- | | |
|---|---|
| <input type="checkbox"/> Chairperson | <input type="checkbox"/> Secretary |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> Education Co-ordinator |
| <input type="checkbox"/> Lifelong Learning Co-ordinator | <input type="checkbox"/> Equality Officer |
| <input type="checkbox"/> Health & Safety Officer | <input type="checkbox"/> Communications Officer |
| <input type="checkbox"/> International Officer | <input type="checkbox"/> Membership Officer |
| <input type="checkbox"/> Young Members' Officer | <input type="checkbox"/> Welfare Officer |
| <input type="checkbox"/> LGBT Officer | <input type="checkbox"/> Black Members Officer |
| <input type="checkbox"/> Disabled Members Officer | <input type="checkbox"/> Auditor |
| <input type="checkbox"/> Women's Officer | <input type="checkbox"/> Retired Member's Officer |

Please fill in your details clearly below:

Surname:

First name:

Membership number (if known):

Employer:

Workplace address:

Phone:

Email:

Your signature:

I have been nominated by the following 2 UNISON members:

(contact us on 01271 322353 if you don't know any other UNISON members in the branch)

1. Surname:

First name:

Signature:

Membership number (if known):

2. Surname:

First name:

Signature:

Membership number (if known):

<p>Please return to: UNISON North Devon Health Branch, Union Office, Suite 2, Munro House, North Devon District Hospital, Raleigh Park, Barnstaple, EX31 4JB</p>
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