

NOMINATION FORM



North Devon Health Branch

Workplace Representatives

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

- | | |
|--|---|
| <input type="checkbox"/> Workplace contact | <input type="checkbox"/> Steward |
| <input type="checkbox"/> Health & Safety Rep | <input type="checkbox"/> Union Learning Rep |

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 in my workplace:

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

1. Surname: _____ First name: _____

Signature: _____ Membership number (if known): _____

2. Surname: _____ First name: _____

Signature: _____ Membership number (if known): _____

Please return to:
UNISON North Devon Health Branch
The Union Office, Suite 2, Munro House
North Devon District Hospital
Raleigh Park
Barnstaple
EX31 4BT