



UNISON Representative Nomination Form

I wish to represent UNISON members in my workplace as: (please tick relevant box)

Steward	<input type="checkbox"/>	Health and Safety Rep	<input type="checkbox"/>
Unison Learning Rep	<input type="checkbox"/>	Equality Rep	<input type="checkbox"/>
Workplace Contact	<input type="checkbox"/>		

Nominees, proposers and seconders must be fully paid up UNISON members and must be employed within the same workplace. All UNISON posts can be job shared.

MEMBERS FULL NAME:	
UNISON MEMBERSHIP NO:	
JOB TITLE:	
DEPARTMENT/TEAM:	
HR/LINE MANAGER EMAIL ADDRESS:	
EMPLOYER:	
FULL WORKPLACE ADDRESS AND POSTCODE:	
FULL HOME ADDRESS AND POSTCODE:	
PREFERRED WORK/MOBILE TELEPHONE:	
PREFERRED EMAIL ADDRESS:	
As an elected UNISON rep your contact details will be available for members on a secure page on the branch website	
PROPOSER - print name & Unison Membership No.	
SIGNATURE:	
SECONDER: - print name & Unison Membership No.	
SIGNATURE:	
To be completed by Nominee: I accept the nomination for the position selected above :	
Signed:	
Date:	

Please return nomination form to bristol.unison@bristolunison.co.uk