



## Branch Officer Nomination Form

I hereby nominate.....

For the role of.....

I confirm I have spoken to the member and they are willing to be considered for election.

Name of Proposer.....Membership No .....

Name of Seconder .....Membership No .....

I accept the nomination

Signed ..... Date .....

Full Name .....Membership No.....

Directorate/Department/Team (if Bristol City Council)

.....

Employer/Workplace.....

Work/Mobile ..... Email .....

### Branch Officer Posts

Chairperson

Branch Secretary

Equality Co-Ordinator

International Officer

Health and Safety Officer

Welfare Officer

Young Members Officer

Membership Officer

Disabled Members Officer

Vice Chair

Treasurer

Education co-ordinator

Communications Officer

Labour Link Officer

Women's officer (must be a woman)

Retired Members Secretary (retired members only)

LGBT+ Office

Black Members Officer

Further information about these roles is on the UNISON website [www.unison.org.uk](http://www.unison.org.uk)

Please return nomination form to: [bristol.unison@bristolunison.co.uk](mailto:bristol.unison@bristolunison.co.uk)