

HEALTH & SAFETY REPRESENTATIVE NOMINATION

DETAILS OF NOMINEE

I am nominating for the position of:

Health & Safety Representative

Deputy Health & Safety Representative

Designated Work Group No:

Covering:

(Designated Work Groups <http://www.monash.edu/ohs/safety-roles/health-safety-reps-list.html>)

Full Name:

(In Block Letters)

Email:

Department:

Campus:

Phone No.:

Signature:

Date:

I acknowledge that my nomination for the above DWG only remains in effect until such time that the above DWG is advertised as a vacancy in the next call for nominations and that in order to be officially nominated for the above DWG, I will need to re-nominate at the next call for nominations.

DETAILS OF SECONDER

I, as a staff member in the above Designated Work Group, second the above nomination for election to the position of Health and Safety Representative / Deputy Health & Safety Representative for this Designated Work Group.

Full Name:

(In Block Letters)

Department:

Campus:

Phone No.:

Signature:

Date:

When completed, please print and forward the completed form to the Returning Officer, OH&S, Clayton