



Nomination for Workplace Representative

Please complete the form ensuring that it is duly signed by the Nominee, Proposer and Secunder (all of whom MUST be members of the West Sussex County Branch of UNISON)

Team/Dept: _____
Workplace: _____
Employer: _____

NOMINEE

Name (print): _____
Signature: _____
Date: _____
Mem No: _____
Tel No: _____
Email: _____

PROPOSER

Name (print): _____
Signature: _____
Date: _____
Mem No: _____

SECONDER

Name (print): _____
Signature: _____
Date: _____
Mem No: _____

Please return to: Dan Sartin, Branch Secretary, UNISON West Sussex, County Hall, Chichester, PO19 1RQ.