NOMINATION POSTER

**SAFETY, HEALTH AND WELFARE AT WORK ACT 2005**

**SELECTION/ELECTION OF SAFETY REPRESENTATIVE(S)**

(Insert location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ propose to carry out a selection/election process to appoint (insert number) \_\_\_\_\_\_\_\_ Safety Representative(s) to represent staff on safety, health and welfare issues.

Nominations are invited for the above position(s) in accordance with the Safety, Health & Welfare at Work Act 2005. Where more than (insert number) \_\_\_\_\_staff member(s) is/are nominated they shall enter an election open to all staff in that location. Following the election, the successful candidate(s) shall hold the position of Safety Representative for the location for a period of three years.

Nomination forms for the above position are available from (insert person’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nomination forms are to be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert name) on or before \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert date)

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Site/Service Manager**

NOMINATION FORM

Nominations are invited for the position of **Safety Representative(s)** in accordance with the Safety Health & Welfare at Work Act 2005. Following the selection/election the successful candidate(s) shall hold the position of **Safety Representative(s) of the location for a period of 3 years.**

**Safety Representative - Safety Health & Welfare at Work Act 2005**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Nominee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Employee No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature)**

**Seconder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Signature)**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby accept that my name be put forward for the position of Safety Representative.

This nomination paper must be returned to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  marked

**NOMINATION- SAFETY REPRESENTATIVE**

***Note: Nomination forms without candidate’s signature are invalid.***

***\*Please ensure employee number is inserted above.***

ELECTION OF SAFETY REPRESENTATIVES

TIMETABLE

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| **IDENTIFY MANAGER(S) WITH RESPONSIBILITY**  **TO CO-ORDINATE THE SELECTION/ELECTION**  **PROCESS: (INSERT DATE)**  **POSTERS TO BE DISPLAYED IN ALL LOCATIONS BY: (INSERT DATE)**  **NOMINATION FORMS TO BE RETURNED BY: (INSERT DATE)**  **ELECTIONS (IF APPLICABLE) TO BE HELD ON: (INSERT DATE)**  **COUNTING OF VOTES ON: (INSERT DATE)**  **TRAINING OF SELECTED/ELECTED SAFETY**  **REPRESENTATIVES: (INSERT DATES)** |
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