

UNISON

NOMINATION FORM FOYLE HEALTH BRANCH

NAME _____

ADDRESS _____

TEL NO _____

EMAIL _____

JOB TITLE _____

WORKPLACE _____

Male **Full Time**
Female **Part Time**

If you agree to be nominated for any post please tick relevant post and sign below:

All candidates must be nominated and seconded by two fully paid up branch members

Name _____

Signature _____

Name _____

Signature _____

If you wish to stand for any position - Please tick as appropriate

CORE BRANCH POSTS

- BRANCH CHAIR(S)
- BRANCH SECRETARY(S)
- JOINT BRANCH TREASURER(S)
- EDUCATION / LIFELONG LEARNING CO- ORDINATOR
- EQUALITY OFFICER
 - LGBT
 - BLACK & MIGRANT WORKERS
 - DISABILITY
- HEALTH AND SAFETY OFFICER(S)
- COMMUNICATIONS OFFICER
- INTERNATIONAL OFFICER
- YOUNG MEMBERS OFFICER
- RETIRED MEMBERS SECRETARY
- WELFARE OFFICER
- MEMBERSHIP OFFICER
- WOMEN'S OFFICER
- ENVIRONMENTAL OFFICER

While all core posts can be job-shared to ensure proportional representation of women, Regional posts must be nominated on a strict proportion basis ie:

- 2 posts – minimum 1 woman
- 3 posts – minimum 2 women etc

Enclosed is a summary of each post listed above. For a more detail description of each post please visit the UNISON Northern Ireland Website on <https://www.unison-ni.org.uk/branch-agms>

**PLEASE RETURN THIS FORM BY 4.00PM ON 20 February 2024
(see return mailer on reverse) OR scan & send to m.bradford@unison.co.uk**

UNISON FREEPOST

UNISON

Galway House

165 York Street

BELFAST

BT15 1AL

Licence Number

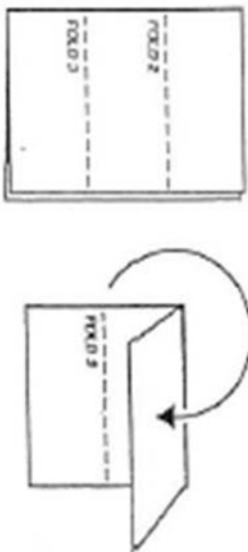
RRJU-UGBC-ZKSU

FOLD 2

- 3** FOLD ALONG
DOTTED LINE 'FOLD 3'
AND TUCK INTO FOLD



- 2** FOLD ALONG
DOTTED LINE
'FOLD 2'



FOLD 3

FOLD 1

- 1** FOLD IN HALF
ALONG 'FOLD 1'

