

UNISON

NOMINATION FORM FOR 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 the 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 OFFICER
- LIFELONG LEARNING CO-ORDINATOR
- HEALTH AND SAFETY OFFICER(S)
- COMMUNICATIONS OFFICER
- INTERNATIONAL OFFICER
- MEMBERSHIP OFFICER
- YOUNG MEMBERS OFFICER
- RETIRED MEMBERS SECRETARY
- WELFARE OFFICER
- WOMEN'S OFFICER
- ENVIRONMENTAL OFFICER
- EQUALITY OFFICER:
 - LGBT
 - BLACK& MIGRANT WORKERS
 - DISABILITY

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

2 posts - minimum 1 woman

3 posts - minimum 2 women etc.

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

PLEASE RETURN THIS FORM BY 4.00PM ON 6 January 2026
(see 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

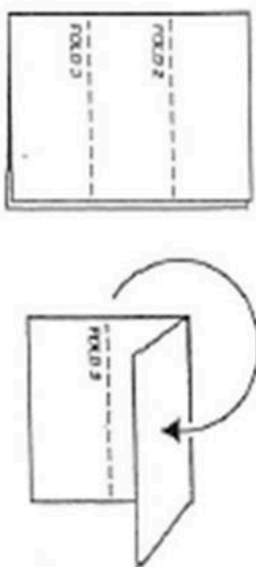
RRJU-UGBC-ZKSU

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



FOLD 2

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



FOLD 3

FOLD 1

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

