

UNISON

NOMINATION FORM FOR MATER HOSPITAL 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 28 JANUARY 2025
(see mailer on reverse) OR scan & send to: m.bradford@unison.co.uk

UNISON FREEPOST

UNISON

Galway House

165 York Street

BELFAST

BT15 1AL

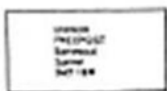
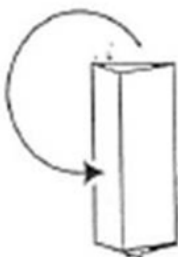
Licence Number

RRJU-UGBC-ZKSU

FOLD 2

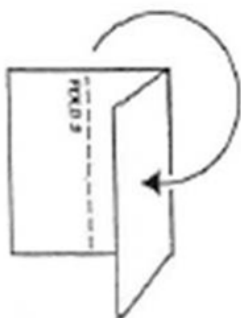
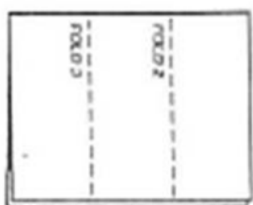
3

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'

