

UNISON

NOMINATION FORM FOR HEALTH AGENCIES BRANCH

NAME _____

ADDRESS _____

TEL NO _____

EMAIL _____

JOB TITLE _____

WORKPLACE _____

Male
Female

Full Time
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
- ☐ MEMBERSHIP OFFICER
- ☐ YOUNG MEMBERS OFFICER
- ☐ RETIRED MEMBERS SECRETARY
- ☐ WELFARE 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 09 January 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

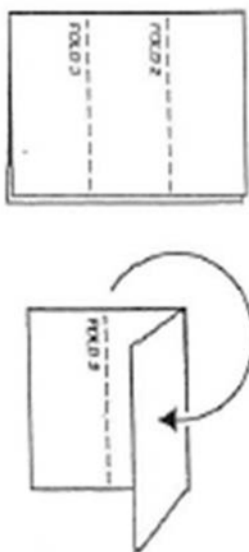
3

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'

