

NOMINATION FORM



**ELECTION OF TRADE UNION AND HEALTH AND SAFETY REPRESENTATIVES FOR THE PERIOD 2023-2026**

Please obtain the details of two members of the BDA from your workplace who are willing to propose and second your nomination.

In the event of more than one valid nomination being received at the BDA office and election will be held in accordance with published instructions.

Scanned and emailed forms will be accepted. [tusecretary@bda.uk.com](mailto:tusecretary@bda.uk.com)

**Candidate:**

|  |  |
| --- | --- |
| NAME |  |
| MEMBERSHIP NUMBER |  |
| Trust/Health board/employer |  |
| Workplace address |  |
| Preferred email address |  |
| Phone number |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**



**Candidate Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposer:**

|  |  |
| --- | --- |
| NAME |  |
| MEMBERSHIP NUMBER |  |
| Trust/Health Board/employer |  |
| Workplace address |  |
| Preferred email |  |
| Phone number |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seconder:**

|  |  |
| --- | --- |
| NAME |  |
| MEMBERSHIP NUMBER |  |
| Trust/health board/employer |  |
| Workplace address |  |
| Preferred email |  |
| Phone number |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**