



WORKPLACE DELEGATE NOMINATION FORM

I
Of (work address)
..... (Agency)
Phone: Fax:
Email:

Accept the nomination for the position of workplace delegate for
..... (Worksite)
Signed Date

Nominator Name Signed: Date.....
Secunder Name Signed: Date.....

This nomination is supported by the following members in the workplace – Signed
.....
.....

Closing date for nominations:

Organiser responsible:

Return to:

Community and Public Sector Union – SPSFT
157 Collins Street Hobart or GPO Box 54, HOBART TAS 7001
Phone: (03) 6234 1708 Fax: (03) 6234 1498 Email: cpsu@tas.cpsu.com.au

Office Use Only:

MEMBER:

WORKSITE CODE:

- Entered on MUST as a DEN in the appropriate worksite along with Date & Organiser responsible __/__/__
- Interim Delegate letter posted __/__/__
- Approved by Branch Council __/__/__
- Note on MUST when BC approved
- Delegate acknowledgement letter posted __/__/__
- Head of Agency letter posted __/__/__
- Advise Organiser responsible that delegate has been approved by BC and they can organise their Induction training.