

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.

If more than one valid nomination is received at the BDA office, the election will be held according to published instructions.

***Please return your form to*** ***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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**