Government
Health & Safety Lead

Health and Safety Representative of the Year Award

NOMINATION FORM

AGENCY DETAILS:

Name of Agency:

Nominator:

Role:

Contact Details: (Phone and email address)

NOMINEE (Name/s):

Nominee Role:

Nominee email address:

PLEASE CONFIRM THAT YOUR NOMINEE IS AN ELECTED HEALTH AND SAFETY REPRESENTATIVE FOR YOUR AGENCY

YES / NO

Who in your agency has been consulted and supports this nomination?
e.g. your union, health and safety committees, health and safety governance group, line manager etc

If you have any questions about the nomination process, please email ghsl@mpi.govt.nz

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NOMINATION FORM cnt'd

What makes your nominee an outstanding Health and Safety Representative?

Provide specific examples of thier committment and leadership of health and safety at their workplace (see nomination guidelines for more information)

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