

**Health and Safety**

**Representative Award 2022**

**NOMINATION FORM**

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| **Nominee Information** | |
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| Name of agency: | |
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| Agency nominator (name, job title, contact details): | |
|  | |
| Agency nominee (name, job title, location and contact information: | |

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| **What makes your nominee an outstanding employee representative?** Provide specific examples of their commitment and leadership of health and safety at their workplace (see nomination guidelines for more information). |
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| **Who in your agency has been consulted and supports this nomination eg your union, health and safety committees, health and safety governance group?** |
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