

**NETWORK RAIL**

**ROUTE/FUNCTIONAL HEALTH, SAFETY, & WELFARE REPRESENTATIVE NOMINATION FORM**

| Constituency |  |
| --- | --- |
| **Full Name** |  |
| **TSSA Membership Number \*** |  |
| **Job Title** |  |
| **Grade/Band** |  |
| **Full Work Address (including postcode)** |  |
|  |
|  |
|  |
| **Email address** |  |
| **Mobile phone number** |  |
| **Work phone number** |  |

**\* If not known, please enter National Insurance number**

I accept nomination as a TSSA staff representative. I agree to abide by the TSSA Rules, and by the policies of TSSA as determined by TSSA Conference and the TSSA Executive Committee. I also give my consent, for the purposes of the Data Protection Act, to the disclosure of my membership of TSSA to my employer and to any such third parties as TSSA shall consider appropriate, in respect of this election and in connection with carrying out the role and duties of a TSSA staff representative.

Signature…………………………………………………………………………Date……………………………………………………….

The following TSSA members are employed by Network Rail within the relevant constituency, and support the nomination of the above person:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Grade/Band** | **Work Location** | **Signature** |
|  |  |  |  |
|  |  |  |  |

**NOTES FOR GUIDANCE:**

To be a TSSA Representative for this position, you must:

* be a member of TSSA;
* be employed by Network Rail;
* be currently employed in a post covered by the Council for which you seek election;
* be in a grade/band for which TSSA has collective bargaining rights;
* have a minimum of six months service with Network Rail;
* currently hold position as a Local H,S,& W Rep
* support the principles of the Network Rail Collective Bargaining Procedure.

To nominate a colleague for this position, you must:

* be a member of TSSA;
* be employed by Network Rail;
* be currently employed in a post covered by the Council for which a candidate seeks election;
* be in a grade/band for which TSSA has collective bargaining rights;
* have a minimum of six months service with Network Rail;
* support the principles of the Network Rail Collective Bargaining Procedure.

If you need any more information on any of the above then contact our Members’ Helpdesk on 0800 328 2673 or helpdesk@tssa.org.uk.

All information on the nomination form will be treated by TSSA as strictly confidential.

The completed nomination paper should be sent via email to: membership@tssa.org.uk

Please ensure your email is clearly marked as NETWORK RAIL REPS NOMINATION.

Please note, we are not able to accept nomination forms without the signatures\* of both the candidate and all the nominators.

\*Electronic signatures and/or confirmation emails are acceptable.