

GREAT WESTERN RAILWAY

LOCAL HEALTH & SAFETY REPRESENTATIVE NOMINATION FORM

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

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

I accept nomination as a TSSA H&S 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 6 TSSA members are employed by Great Western Railway within the relevant constituency, and support the nomination of the above person:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | **Grade/Band** | **Work Location** | **Signature** |
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For office use only: Membership System updated 🞎 Reps tracking log updated 🞎 Employer advised in writing 🞎

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**NOTES FOR GUIDANCE:**

In order to stand for election as a TSSA Staff Representative, prospective candidates **must**:

* be a member of TSSA;
* be employed by Great Western Railway;
* have a minimum of six months service with Great Western Railway;
* support the principles of the Great Western Railway Collective Bargaining Procedure.

Prospective candidates **must** also be supported by six nominators, each one of whom **must**:

* be a member of TSSA;
* be employed by Great Western Railway;
* have a minimum of six months service with Great Western Railway;
* support the principles of the Great Western Railway Collective Bargaining Procedure.

If there are not 6 eligible nominators for a particular constituency, prospective candidates should contact TSSA Head Office for guidance.

Prospective candidates should complete the nomination form in full. It is particularly important that TSSA has up to date contact details for reps. Failure to complete all parts of the nomination form may result in the nomination being declared invalid.

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

The completed nomination paper should be scanned or photographed and sent to TSSA, by email to: [**valentinea@TSSA.org.uk**](mailto:valentinea@TSSA.org.uk)

Please put “nomination form” in the subject of the email and remember to keep a copy for your own records.

Any member seeking further information regarding the election and nomination process should contact the TSSA Helpdesk – freephone 0800 328 2673, or email [enquiries@tssa.org.uk](mailto:enquiries@tssa.org.uk)