

TfW RAIL LIMITED

TSSA COMPANY HEALTH & SAFETY REPRESENTATIVE

CANDIDATE FORM

| Workplace location and function / department |  | | |
| --- | --- | --- | --- |
| **Full Name** |  | | |
| **TSSA Membership Number**  **(*see note below\**)** |  | | |
| **Job Title** |  | | |
| **Band/Grade** |  | | |
| **Full Work Address (including postcode)** |  | | |
|  | | |
|  | | |
|  | | |
| **Preferred email address** |  | | |
| **Preferred mobile phone number** |  | **Home phone number** |  |

**\*Note: if not known, please enter National Insurance number**

I accept nomination for the position of TSSA Company Health & Safety Representative.

I confirm that I satisfy the criteria set out in the accompanying notes for guidance which qualify me to seek election to this position.

I accept that the TSSA Executive Committee has the right to suspend or remove me from the position of TSSA Company Health & Safety Representative at any time.

I also give my consent to the disclosure of my membership of TSSA to TfW Rail Limited 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 Company Health & Safety Representative.

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

*IMPORTANT: This Candidate Form will not be accepted as valid unless and until 6 valid nominations are received on one or more official Nominators’ Form(s).*



TfW RAIL LIMITED

TSSA COMPANY HEALTH & SAFETY REPRESENTATIVE

NOMINATOR’S FORM

The following TSSA members nominate (insert full name)………………………………………………………………………………………………..………………………………….. and are employed by TfW Rail Limited in the workplace for which the individual named above is standing for the position of TSSA Company Health & Safety Representative

|  |  |  |  |
| --- | --- | --- | --- |
| TSSA Member’s Full Name | **Band/Grade** | **Work Location** | **Signature** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*IMPORTANT: This Nominators’ Form will not be accepted as valid unless and until a valid completed official Candidate Form is received.*

**ELECTION OF TSSA TfW RAIL LIMITED COMPANY HEALTH & SAFETY REPRESENTATIVES –**

**NOTES FOR GUIDANCE:**

***Submission of nominations***

A candidate standing for election must complete an official Candidate Form in full, it must be signed, and it must be sent as instructed below.

Any completed Candidate Form must be supported by one or more completed Nominators’ Forms which indicate at least 6 valid nominators. Nominators are not required to sign on the same form, so up to 6 Nominators’ Forms may be used. This is designed to assist candidates that seek nominations from different work locations.

If a candidate is to be supported by nominations on separate ‘nominator’s forms’, care should be taken by them to ensure that all of the ‘nominator’s forms’ arrive by the close of nominations.

Candidate Forms and Nominators’ Forms should be scanned and sent by email to southgateg@tssa.org.uk.

**It is the responsibility of the candidate for election to ensure that these forms are correctly completed and received by TSSA Convenor Gemma Southgate. Failure to comply with the instructions contained in these guidance notes is likely to result in a nomination being declared invalid.**

***Criteria qualifying TSSA members to stand for election to and hold office as a TSSA Company Health & Safety Representative***

In order to stand for election as a TSSA Company Health & Safety Representative, candidates **must**:

* be a member of TSSA;
* be employed by TfW Rail Limited;
* be employed in a post/grade for which TSSA has collective bargaining rights;
* be employed in the workplace for which a candidate seeks election;
* have a minimum of two years service with TfW Rail Limited or at least two years service in similar employment.

Individual nominators **must**:

* be a member of TSSA;
* be employed by TfW Rail Limited;
* be employed in a post/grade for which TSSA has collective bargaining rights;
* be in the same workplace for which the candidate seeks election.

**Further information**

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)