

CALL FOR NOMINATIONS

To become an HSR or Deputy HSR

Date: _____

WORKPLACE: _____

DWG: _____

Would you like to represent your designated work group in health and safety?
Put your name down.

Name: _____

Signed: _____ Date: _____

HSR Deputy HSR

Name: _____

Signed: _____ Date: _____

HSR Deputy HSR

Name: _____

Signed: _____ Date: _____

HSR Deputy HSR

Name: _____

Signed: _____ Date: _____

HSR Deputy HSR

Nominations close on: _____

This must be given to _____ by _____
(name) (date – usually 14 days)

For further information, contact:

- Your ANMF Industrial Relations Organiser on (03) 9275 9333, or
- ANMF OHS Unit on (03) 9275 9333