

**HEALTH
WORKERS
UNION
WORKPLACE
DELEGATE
NOMINATION
FORM 2015**



The HWU is conducting Workplace Delegate Elections at

(INSERT WORKSITE)

We are seeking expressions of interest from the following departments:

- [Insert departments].

(You don't need to do this if you don't want to)

Name	Contact details	Position

- If you wish to nominate to be a Delegate, please put your details on the nomination form.
- Nominations will close on the **[INSERT DATE]**.
- Voting will be conducted at a Union Meeting and will be conducted at a time to be advised.
- Only HWU Members are allowed to nominate and/or vote.
- If you have any queries about this process, give your Union a call on (03) 9341 3300.

This version of the HWU Workplace Delegate Nomination form can be altered or amended with the approval of the HWU State Secretary and the HWU BCOM.

Version History

<i>Version</i>	<i>Effective date</i>	<i>How made</i>	<i>Section(s) affected</i>
1.0	6 th /07/2015	Developed by Research Officer (Kamal Bekhazi)- Presented to and adopted by HWU BCOM	All