



# CPSU WORKPLACE DELEGATE ELECTIONS

## NOMINATION FORM FOR WORKPLACE DELEGATE OR DEPUTY DELEGATE

I nominate for the position of  WORKPLACE DELEGATE  DEPUTY WORKPLACE DELEGATE

At ..... (workplace)

Name \_\_\_\_\_ Email \_\_\_\_\_

Work address \_\_\_\_\_ Mobile \_\_\_\_\_

Work phone \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note: you must be a financial member of the CPSU (PSU Group) or have an application pending, in the workplace for which this election applies to nominate or be a nominator. In workplaces of 10 or less members only one nominator is required.**

Name of nominator 1 \_\_\_\_\_

Signature of nominator 1 \_\_\_\_\_ Date \_\_\_\_\_

Name of nominator 2 \_\_\_\_\_

Signature of nominator 2 \_\_\_\_\_ Date \_\_\_\_\_

**Nominations should be returned by [DATE]..... TO**

Community and Public Sector Union  
Att: Returning Officer

..... Or fax .....

---

### OFFICE USE ONLY: Date and financial status check

Date nomination received .....

Financial status check by (name & initials) ..... Date: .....

Nominee: ..... Nominator 1: ..... Nominator 2 .....

Nominee advised:

- Nomination accepted: elected unopposed
- Nomination accepted: ballot required
- Nomination not-accepted

Name and initials ..... Date: .....