



CPSU WORKPLACE DELEGATE ELECTIONS

NOMINATION FORM FOR WORKPLACE DELEGATE OR DEPUTY DELEGATE

I nominate for the position of:

WORKPLACE DELEGATE

DEPUTY WORKPLACE DELEGATE

atworkplace

Name	
Work Address	
Work Phone	Email:
Home Address	
Home Phone	Mobile:
Signature	Date:

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

Name of nominator	
Signature of nominator	Date
Name of nominator	
Signature of nominator	Date

Nominations should be returned by to:
 Returning Officer
 Community and Public Sector Union
 OR Fax:

OFFICE USE ONLY: Date & 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 & Initials _____ Date: _____