



DEVON COUNTY BRANCH

Representative's nomination, accreditation and facilities agreement form 2007/2008

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admin@devoncountyunison.org.uk

Name Membership No.....

Workplace address

.....

Telephone No. Fax No.

Home Address

..... Telephone No.....

Name of Employer or DCC Department

Email address.....

PLEASE INDICATE CHOICE:-

STEWARD

HEALTH & SAFETY REP

WORKPLACE CONTACT/POSTBOX (NOMINATION NOT NEEDED)

UNISON LEARNING REP

Signature of two nominees (for Stewards and Health & Safety Reps ONLY)

(1) Membership No.....

Print name

(2) Membership No.....

Print name

PLEASE LIST UNISON TRAINING/COURSES UNDERTAKEN

DATE

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