

**Nomination**

###### Form

TSSA Representatives nomination form.

South West Railway

| ConstituencyPlease indicate the group of colleagues you wish to represent i.e. a department, or a building. | | | |  |
| --- | --- | --- | --- | --- |
| Rep Level (please tick one) | |  Divisional Council   Local | | |
| **Type of rep (**please tick one) | |  Workplace or industrial relations rep   Skills rep,   Health and safety rep   Equality Rep | | |
| **Your full name** | | | **Membership number** or NI number (if known) | | |
| **Job title** | | **Grade** | | |
| **Full work address**  (including postcode) |  | | | | |
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|  | | | | |
|  | | | | |
| **Email address** | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |
| **Phone number** | | | | |
| **Home** |  | | | | |
| **Work** |  | | | | |

I accept nomination as a TSSA Representative. I agree to abide by the TSSA Rules, and by the policies of TSSA as determined by TSSA Conference and the TSSA Executive Committee. I also give my consent to the disclosure to SWR of my membership of TSSA for the purposes of this election, and in connection with carrying out the role and duties of a TSSA Representative.

Signature……………………………………………Date……………………………………

The following TSSA members employed by SWR support the nomination of the above person:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | **Work Location** | **Signature** |
| Proposed |  |  |  |
| Seconded |  |  |  |
| Supporters |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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* post to:

**SWR G Theobald, Transport Salaried Staffs’ Association, Walkden House, 16-17 Devonshire Square, LONDON, EC2M 4SQ**

##### Email to: theobaldg@tssa.org.uk