

# EQUALITY REPRESENTATIVE NOMINATION FORM



Full Name			
TSSA Membership Number			
Job Title			
Department			
Employer			
Full Work Address (including postcode)			
Email address			
Mobile phone number		Work phone number	

I accept nomination as a TSSA equality 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, for the purposes of the Data Protection Act, to the disclosure of my membership of TSSA to my employer and to any such third parties as TSSA shall consider appropriate, in respect of this election and in connection with carrying out the role and duties of a TSSA equality representative.

Signature ..... Date .....

The following TSSA members are employed by Great Western Railway and support the nomination of the above person:

Name	Department or Grade	Work Location	Signature

**NOTES FOR GUIDANCE:**

To be a TSSA Equality Representative, or to nominate a colleague for this position, you must:

- be a member of TSSA;
- be employed by GWR;
- have a minimum of six months service with your employer;

If you need any more information on any of the above then contact Alan Valentine via email on [valentinea@tssa.org.uk](mailto:valentinea@tssa.org.uk)

All information on the nomination form will be treated by TSSA as strictly confidential.

***The completed nomination paper should be scanned and sent to:***

***Alan Valentine at [valentinea@tssa.org.uk](mailto:valentinea@tssa.org.uk)***

Please note, we are not able to accept nomination forms without the signatures of both the candidate and all the nominators.