



BRANCH OFFICER NOMINATION FORM

We wish to nominate the following person as a **BRANCH OFFICER**
for the period until the AGM 2020:

OFFICER ROLE

NAME (IN BLOCK CAPITALS).....

Signed **Proposer; Name(in block capitals)**.....

Signed **Seconder; Name (in block capitals)**.....

Consent of Nominee:

I consent to the nomination and, if elected, I will act as for the period until the AGM 2020 and I confirm that I will carry out the relevant duties and responsibilities as laid down in the UNISON Rule Book and Code of Good Practice.

Signature **Date** **Membership No**

JOB TITLE

FULL Workplace Address

..... **Location Postcode**

Your work telephone number

Your work e-mail address

Your line manager.....

DIRECTORATE/DEPARTMENT.....

FULL Home Address

..... **Postcode**

Home/Mobile telephone number

Home e-mail address

Please return to:

UNISON, Coventry City Branch
Koco Community Resource Centre
Arches Industrial Estate
Coventry
CV1 3JQ
Email office@unisoncoventry.co.uk

Tel: 024 7655 0829

