

# Nomination for Health and Safety Representative (HSR) or Deputy (HSR)

*Refer to WHS Act Qld 2011 Section 60 (HSR) and Section 67 (Deputy HSR)*

Date.....

Full name, I.....

Wish to nominate for the position of HSR or Deputy HSR (please circle)

Signature.....

## Area of Representation

Workgroup.....

Workplace .....

Workplace Address .....