

NOMINATION FORM 2016

**UNISON
MANCHESTER COMMUNITY AND MENTAL HEALTH BRANCH 06376**

NOMINATION FOR BRANCH OFFICERS, STEWARDS AND HEALTH AND SAFETY REPRESENTATIVES FOR THE YEAR 2016/17

I (name of nominee).....wish to submit a nomination for

the position of for UNISON Manchester Community and Mental Health Branch for the year 2016/17. I confirm that I am a fully paid up member of UNISON Manchester Community and Mental Health Branch. (UNISON membership number if known:.....)*

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

Nominated by(insert full name) and confirm that I am a fully paid up member of UNISON Manchester Community and Mental Health Branch. (UNISON membership number if known:)*

Signature of Nominator.....

Seconded by.....(insert full name) and confirm that I am a fully paid up member of UNISON Manchester Community and Mental Health Branch. (UNISON membership number if known:)*

Signature of Secunder.....

Please return this form **by 12.00 Noon Tuesday 26th January 2016**

Ben Jackson
Branch Secretary
Staff Side Office
Chorlton House
70 Manchester Road
Chorlton
Manchester M21 9UN

*Note: the Branch Secretary will check the membership of nominees and nominators, and insert membership number if necessary

Branch website: www.mcmh.org.uk