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| --- | --- | --- | --- | --- |
| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | **WHS FORM** | | | **WHS19** |
| **HEALTH AND SAFETY REPRESENTATIVE NOMINATION** | | |
| **Unit/Institute:** | | **Workplace:** | Date: | |

**I**…………………………………………………………………………….…..

(Name in block letters)

being a member of the ........................................………….………….… workgroup   
of the University wish to nominate myself as health and safety representative for this workgroup.

Signature:

Name:

Date: ….…..../……….../………...