Workplace Delegate Nomination Form

Delegates, being the primary interface between the Union, Members and employers, are the bedrock of our Union.

Delegates represent Members in their workplace, recruit and sign up new members and act as a spokesperson for the Union in a professional, positive and honest manner.

To be nominated as a Victorian Allied Health Professionals Association (VAHPA) delegate, you must be nominated by a fellow VAHPA Member.

Nominator

I (name) _____ being a Member of the VAHPA

nominate the following VAHPA Member

(name of nominated delegate) _____

as Workplace Delegate at (workplace name) _____ .

Signature of Nominator: _____ Date: _____

Nominated Delegate

I (name) _____ being a Member of the VAHPA accept the nomination as Workplace Delegate. I agree to attend training within three months of commencing the role and to perform the role in line with the Union rules and policies.

Signature of Nominated Delegate: _____Date: _____

Please return this nomination form via scan-email, info@vahpa.asn.au or
Mail: PO Box 58, Carlton South, VIC, 3053