

# WORKPLACE DELEGATE FORM



## IMPORTANT, PLEASE READ:

- Nominees, nominators, and seconders must be financial members of the PSA.**
- Complete all applicable parts of this form. Fold, seal, and post. No stamp required. OR scan/email to **DELEGATE@PSA.ORG.NZ**

## Confirmation of election

 I confirm that I have been elected as a Workplace Delegate by members of my workplace

|              |  |
|--------------|--|
| Employer     |  |
| Site/Dept    |  |
| Site address |  |

## Delegate information

|              |  |  |  |  |
|--------------|--|--|--|--|
| Full name    |  |  |  | I identify as Māori <input type="checkbox"/> |
| Work email   |  | Mobile # <small>If no mobile phone, please provide preferred land line</small> |  |  |
| Home email   |  | Membership number  |  |  |
| Home address |  |  |  |  |

## Nominator information

|                   |  |
|-------------------|--|
| Name              |  |
| Membership number |  |
| Signature         |  |

## Secunder information

|                   |  |
|-------------------|--|
| Name              |  |
| Membership number |  |
| Signature         |  |

## Delegate you are replacing (if applicable)

|      |  |                   |  |
|------|--|-------------------|--|
| Name |  | Membership number |  |
|------|--|-------------------|--|

## Commitment

- I accept the nomination as Worksite Delegate.
- I will do my best to become an effective PSA delegate.
- I will attend delegate training provided by PSA.
- I will attend workplace meetings.
- I will demonstrate a commitment to PSA and promote and uphold PSA policies
- I agree that my details may be shared with other PSA delegates for the purposes of furthering PSA aims and objective.

Signature .....

Date .....