

## Branch Officer Candidate Nomination Form

- If you want to stand in this election, you must complete this form
- Incomplete forms may be invalid
- Candidates must submit a statement (maximum 500 words) - photo optional.

|  |   |
|--|---|
| <b>Information about you</b>   |   |
| <b>Candidate Name</b> (as per UNISON membership system)  |   |
|  |   |
| <b>Email Address</b> (this will be used to contact you about the election and will not be published) |   |
|  |   |
| <b>Election</b>  |   |
| <b>Which role are you standing for?</b> (highlight)  |   |
| <input type="checkbox"/> Black Members Officer <sup>[1]</sup>  | <input type="checkbox"/> Lifelong Learning Co-ordinator           |
| <input type="checkbox"/> Branch Secretary  | <input type="checkbox"/> Membership Officer                       |
| <input type="checkbox"/> Chair   | <input type="checkbox"/> Pensions Officer                         |
| <input type="checkbox"/> Communications Officer  | <input type="checkbox"/> Retired Members Secretary <sup>[3]</sup> |
| <input type="checkbox"/> Disabled Members Officer <sup>[1]</sup>                                     | <input type="checkbox"/> School's Convenor                        |
| <input type="checkbox"/> Education Co-ordinator  | <input type="checkbox"/> Social Secretary                         |
| <input type="checkbox"/> Environmental Officer   | <input type="checkbox"/> Treasurer                                |
| <input type="checkbox"/> Equalities Co-ordinator   | <input type="checkbox"/> Vice-chair                               |
| <input type="checkbox"/> Health and Safety Officer   | <input type="checkbox"/> Welfare Officer                          |
| <input type="checkbox"/> International Officer   | <input type="checkbox"/> Women's Officer <sup>[1]</sup>           |
| <input type="checkbox"/> Labour Link Officer <sup>[2]</sup>  | <input type="checkbox"/> Young Members Officer <sup>[3]</sup>     |
| <input type="checkbox"/> LGBT+ Officer <sup>[1]</sup>  |   |
| <b>Proposer</b> (Print Name, Signature & Date)   |   |
|  |   |
| <b>Seconded</b> (Print Name, Signature & Date)   |   |
|  |   |
| <b>Candidate</b> (Print Name, Signature & Date)  |   |
| <i>I confirm that I am willing to stand in this election</i>   |   |

[1] You must self-identify with the relevant SOG in accordance with UNISON rules

[2] You must be a Labour Link Member

[3] You must be either a Retired Member or Young Member as defined by the UNISON rule book

This form can be submitted by:

Email: [unison@bcpcouncil.gov.uk](mailto:unison@bcpcouncil.gov.uk)

Post: Post: UNISON BCP Branch, Council Civic Centre, Bourne Avenue

Bournemouth, BH2 6DY

**Deadline for receipt of candidate nominations forms is 5pm on 20 Jan 2023**