



**UNITED FIREFIGHTERS UNION OF SOUTH AUSTRALIA INC**  
**HEALTH AND SAFETY REPRESENTATIVE / SHOP STEWARD NOMINATION FORM**

**TO:**

The SECRETARY  
United Firefighters Union of South Australian Inc  
PO Box 289  
TORRENSVILLE SA 5039

I hereby nominate for the position of (please tick appropriate box):

Health and Safety Representative / Shop Steward

Deputy Health and Safety Representative / Shop Steward

For the worksite (please write your worksite): .....

Name:

Signature:

Date:

**WITNESSED BY TWO FINANCIAL MEMBERS**

Name:

Signature:

Date:

Name:

Signature:

Date:

*Please return this completed form to the UFU Office either via email to [industrial@ufusa.com.au](mailto:industrial@ufusa.com.au), via post to PO Box 289 TORRENSVILLE, SA or via fax on (08) 8234 1031.*