

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