

**SHOP STEWARD NOMINATION  
2024/25**

**Service/Dept.**

**Nominee (name)**

**Address (Workplace)**

**Address (Home)  
Include Postcode**

**Contact (Phone)**

**Contact (E-mail)**

**Nominated by:  
(CAPITALS):**

**Signature:** \_\_\_\_\_

**Seconded by:  
(CAPITALS)**

**Signature:** \_\_\_\_\_

**Nomination accepted by (signature):**

**Date:**

**UNISON Membership Number** \_\_\_\_\_