

**SHOP STEWARD NOMINATION
2025/26**

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 _____