

Notification of Workplace Representative form



This form should be used for providing and updating details of:

- **Stewards**
- **Health and Safety Representatives**
- **Workplace Contacts**
- **Union Learning Representatives**

Branches are required to notify regional office of details of stewards and health and safety and learning representatives, so that official credentials can be issued and accurate mailing lists maintained.

Stewards: branches are responsible for encouraging members in each workplace/workgroup to elect one or more stewards, and ensuring the election is reported to the branch for ratification and issuing of credentials (UNISON Rules G5.1 and G5.2).

Health and Safety Representatives: branches should encourage members to elect health and safety representatives to cover their workplace or group of workplaces. UNISON can then officially appoint them under SRSC regulations. *Health and safety representatives may also be stewards.*

Workplace Contacts: support stewards or act as UNISON contacts for groups of members who are unable to elect a steward. A good way to get more involved in the union, or to find out more about being an elected representative.

Union Learning Reps: are advocates who support organising around learning in the workplace, supporting and enthusing learners and representing and negotiating around learning.

BRANCH NAME:

BRANCH CODE:

Please tick or complete the appropriate box(es)

Steward

This is a new steward*

This is a current steward with amended details

This is a steward who is standing down

Health & Safety Rep

This is a new H&S rep*

This is an H&S rep with amended details

This is an H&S rep who is standing down

Workplace Contact

This is a new workplace contact*

This is a workplace contact with amended details

This is a workplace contact who is standing down

UNISON Learning Rep

This is a new Union Learning Rep (ULR)*

This is a ULR with amended details

This is an ULR who is standing down

* If this steward/health and safety rep/workplace contact/learning rep is replacing an existing rep please give the existing rep's name and membership no. overleaf.

PERSONAL DETAILS Please tick or fill in the boxes below.

UNISON membership number:

Mrs Ms Miss Mr Other

First name

Other initial(s)

Surname/Family name

Date of birth

/ /

Workplace(s) and/or workgroups covered:

National insurance number (from payslip)

Name of employer:

Home address

Workplace name and address

Postcode

Postcode

Contact telephone:

Email:

Ethnic data will enable UNISON to achieve our objectives of fair representation and race equality. The data collected is in accordance with criteria recommended by the Commission for Racial Equality. Please tick one box:

- | | | | | | |
|-----------------------------------|--|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> White UK | <input type="checkbox"/> White Other | <input type="checkbox"/> Irish | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Chinese | <input type="checkbox"/> Bangladeshi |
| <input type="checkbox"/> Black UK | <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black African | <input type="checkbox"/> Black Other please specify | | |
| <input type="checkbox"/> Asian UK | <input type="checkbox"/> Asian Other | <input type="checkbox"/> Indian | <input type="checkbox"/> Other please specify | | |

After your appointment you will receive the following mail – please indicate where you wish to receive it:

Activist mailing from branch
home work

Activist mailing from region
home work

UNISON InFocus
home work

This section applies to Stewards, Health and Safety Representatives, Learning Reps

NOTIFICATION TO EMPLOYER

UNISON is required to notify the employer that a steward/health and safety rep, learning rep has been appointed. The regional office will notify the employer direct on receipt of this form.

If the branch has already notified the employer please state when this was done:

Date / /

CREDENTIALS

The regional office will produce official steward/health and safety rep credentials on receipt of this form and will issue these to the steward/health and safety rep direct unless the branch and region have agreed an alternative arrangement. The regional office will also generate letters to employers and branches on appointment and on training for learning reps.

TRAINING

UNISON is committed to providing training to all newly elected stewards/health and safety reps and learning reps. The regional office will automatically arrange for newly-elected stewards/health and safety rep, learning reps to be advised of appropriate training courses. If the branch intends to provide training itself please give details below of the branch officer who will be responsible for arranging this:

Name:	<input type="text"/>	Position/Title:	<input type="text"/>
Contact telephone:	<input type="text"/>		

THIS SECTION APPLIES TO ALL

Please tick this box if you require materials in a different format (eg. large print or Braille – be sure to supply contact details below).

Please give a telephone number/voice/text/email address for UNISON to contact you – indicate if work or home.

Contact tel/voice/text/email: home work

* Details of existing rep being replaced (if relevant)

Name <input type="text"/>	UNISON membership number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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SIGNATURE OF BRANCH SECRETARY

<input type="text"/>	Date <input type="text"/>
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The information provided by you shall be recorded by UNISON for statistical purposes and used for sending you UNISON publications, ballot forms and otherwise communicating with you.

If you do NOT want any mailings from UNISON, besides those required by statute, please tick this box

