Work Health and Safety Advisory Council nomination form

This form must be completed to nominate for a position on the Work Health and Safety Advisory Council.

1. Nominee Deta	ils				
Given name(s):					
Family name:					
Phone number:		Email:			
Residential address:					
2. Source of nom	ination				
Organisation(s	s) representing employers				
Organisation(s	s) representing employees				
Details of nominating o	organisation				
Organisation name:					
Nominator name:		Email:			
Nominator position:					
3. Current and pa	ast employment				
Detail your current or past employment that is relevant to the nominated position, including position title and length of service.					





4.	Stateme	nt of	suita	bility
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4. Statement of Suitability
Provide a statement regarding your experience in major industry sectors in the Northern Territory.
5. Which industry sector are you nominating to represent? (Select one only)
Accommodation, Cafes and Restaurants
Agriculture, Forestry and Fishing
☐ Construction
Government Administration and Defence
Health and Community Services
Retail Trade
Other (please specify)
Please email completed nomination forms to and neworksafeadminstration@nt gov au

Please email completed nomination forms to agd.ntworksafeadminstration@nt.gov.au