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

1. **Nominee Details**

|  |  |
| --- | --- |
| Given name(s): |       |
| Family name: |       |
| Phone number: |       | Email: |       |
| Residential address: |       |

1. **Source of nomination**

|  |
| --- |
| [ ]  Organisation(s) representing employers  |
| [ ]  Organisation(s) representing employees |

**Details of nominating organisation**

|  |  |
| --- | --- |
| Organisation name: |       |
| Nominator name: |       | Email: |       |
| Nominator position: |       |

1. **Current and past employment**

|  |
| --- |
| Detail your current or past employment that is relevant to the nominated position, including position title and length of service. |
|       |

1. **Statement of suitability**

|  |
| --- |
| Provide a statement regarding your experience in major industry sectors in the Northern Territory. |
|       |

1. **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 agd.ntworksafeadminstration@nt.gov.au