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](mailto:agd.ntworksafeadminstration@nt.gov.au)