NOMINATION FORM - WORKING GROUPS

Nominations for the Working Groups should be either **subject matter experts** or **end user representatives** from your company.

If you would like to nominate a representative from your company to become a member of a Working Group, please complete the sections below.

WORKING GROUP – NOMINATED REPRESENTATIVE

Company Name:	
Name of Nominee:	
Position Title:	
Telephone:	
Email:	

WHICH WORKING GROUP DOES YOUR COMPANY WISH TO JOIN?

Please tick relevant box

Safety Leadership

☐ QLD ☐ WA/NT

Competence and Behaviour

☐ QLD ☐ WA/NT

Land Transport

☐ QLD ☐ WA/NT

Process Safety

☐ QLD ☐ WA/NT

Rig Site Safety

☐ QLD ☐ WA/NT

Marine

☐ WA/NT

Aviation

☐ WA/NT

Health

☐ QLD ☐ WA/NT

Reasons why the nominated representative should be considered as a member of this Working Group:

To be completed by the Nominating Organisation - Most Senior In-Country Manager.

I support this Nomination and confirm the Nominee has the authority to make decisions on behalf of our organisation.

Name & Position _____

Telephone _____

Signature _____

Please scan and return your completed Form to info@safertogether.com.au.
For further information about the Industry Safety Forum go to www.safertogether.com.au