



NOMINATION FORM - SAFETY LEADERS GROUP

Nominations for the SLG should be the **most senior in-country manager** of your company.

Please tick relevant box

- ☐ Yes, I would like to nominate a representative from my company to become a member of the Safety Leaders Group (note: please also complete the sections below).

- ☐ No, I do not wish to nominate a representative from my company to become a member of the Safety Leaders Group.

SAFETY LEADERS GROUP – NOMINATED REPRESENTATIVE

Name of Nominee:	
Position Title:	
Telephone:	
Email:	

Reasons why the nominated representative should be considered as a member of the Safety Leaders Group: