



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 & Behaviour

QLD WA/NT



Land Transport

QLD WA/NT



Process Safety

QLD WA/NT



Rig Site Safety

QLD WA/NT



Health

QLD WA/NT



Marine

WA/NT



Aviation

WA/NT



Cranes & Lifting

WA/NT

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

The Nominee has completed a **Conflict of Interest Declaration Form** and returned it to the **Safer Together Forum Coordinator**.

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 _____