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

Leadership & Culture	Worker Competence	Land Transport	Process Safety	Rig Site Safety	Health	Marine	Aviation	Cranes & Lifting	Safe Systems of Work
☐ QLD ☐ WA/NT	☐ QLD ☐ WA/NT	☐ QLD ☐ WA/NT	☐ QLD ☐ WA/NT	☐ QLD	☐ QLD ☐ WA/NT	☐ WA/NT	☐ WA/NT	☐ WA/NT	☐ 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 Executive Director.**

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