**Who in your agency has been consulted and supports this nomination?**

**e.g., your union, health and safety committees, health and safety governance group?**

**What makes your nominee an outstanding employee representative?**

**Provide specific examples of their commitment and leadership of health and safety at their workplace (see nomination guidelines for more information)**

*\*Please continue on a separate page if required*

**AGENCY NOMINEE (Name/s):**

**For Individual or Team award? (Please delete one) INDIVIDUAL / TEAM**

Nominee Role:

Nominee Email address:

**PLEASE CONFIRM THAT YOUR NOMINEE IS AN ELECTED HEALTH AND SAFETY REPRESENTATIVE FOR YOUR AGENCY**

**YES / NO**

**If you have any questions about the nomination**

**process, please contact ghsl@mpi.govt.nz**

**NOMINEE INFORMATION**

Name of Agency:

Nominator:

Role:

Contact Details ( Phone and Email address):

**Government Health and Safety Lead**

 **Nomination Form**