**APPENDIX A**

**NOMINATIONS TO THE**

**REGIONAL DISABLED MEMBERS COMMITTEE 2020/21**

Each branch is entitled to nominate **one** delegate, however, if a branch wishes to send a further delegate they can do so but will be required to pay the second delegate’s expenses. Second delegates will be entitled to attend meetings in an observer capacity and will not have a vote. Please note that if your branch sends two delegates, at least one must be a woman.

Please note that existing members of the Regional Disabled Members Committee must be re-nominated to the Committee for 2020/21, their current nomination will not be carried forward.

|  |  |
| --- | --- |
| **BRANCH** |  |
| **Date of meeting at which delegate(s) were nominated** |  |

|  |  |
| --- | --- |
| **DELEGATE NAME**(Voting) |  |
| **MEMBERSHIP NO.** |  |
| **ADDRESS** |
| **EMAIL ADDRESS** |
| **PHONE NUMBER** |

**DELEGATE’S SIGNATURE …………………………………………………………**

**Cont’d/…**

|  |  |
| --- | --- |
|  |  |
| **OBSERVER NAME** |  |
| **MEMBERSHIP NO.** |  |
| **ADDRESS** |
| **EMAIL ADDRESS** |
| **PHONE NUMBER** |

**OBSERVER’S SIGNATURE …………………………………………………………**

|  |  |
| --- | --- |
| **BRANCH SECRETARY** |  |
| **SIGNATURE** |  |
| **BRANCH CHAIR** |  |
| **SIGNATURE** |  |

Completed forms should be returned to

Helen Chater h.chater@unison.co.uk

**by no later than 12 noon on Tuesday, 22 December 2020**