



WORK HEALTH AND SAFETY (WHS) ROLES NOMINATION

<p>Returning your completed form Scan and Email to: MOPSWHS@finance.gov.au cc'ing a copy to your employing Senator or Member</p>	<p>Enquiries: Staff Help Desk Email: mpshelp@finance.gov.au Phone: (02) 6215 3333</p>
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SENATOR/MEMBER	▶ Name	<input style="width: 100%;" type="text"/>
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NOMINATED OFFICER DETAILS	▶ Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/> <input style="width: 50px;" type="text"/>
	▶ Last name	<input style="width: 100%;" type="text"/>
	▶ First name	<input style="width: 100%;" type="text"/>
	▶ Address of office where role(s) will be performed	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>
	▶ Contact telephone	<input style="width: 80%;" type="text"/>
	▶ Email address	<input style="width: 100%;" type="text"/>

SIGNATURE	▶ I certify that my employing Senator or Member has nominated me as the:	WHS Site Officer <input type="checkbox"/> First Aid Officer <input type="checkbox"/> Emergency Officer <input type="checkbox"/> OR Deputy Emergency Officer <input type="checkbox"/>
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- ▶ I accept the nomination for the role(s) identified above.
- ▶ I agree to undertake the training required for the role(s).

Signature of nominated officer

Date