



# HSR UPDATE OF DETAILS

## CURRENT DETAILS:

HSR       Deputy HSR       Job Representative       Resigning HSR

Member Number: \_\_\_\_\_  Non-member

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Home E-mail: \_\_\_\_\_  Tick if preferred contact

Date of Birth: \_\_\_\_\_

Workplace Name: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Workplace Telephone Number: \_\_\_\_\_ Workplace Fax Number: \_\_\_\_\_

Workplace E-mail: \_\_\_\_\_  Tick if preferred contact

DWG Name: \_\_\_\_\_

Date of Election: \_\_\_\_\_ (month/year) Expiry Date: \_\_\_\_\_ (month/year)  
(3 years if not specified)

Election Process:  Workplace  ANF  Other (please specify)

Number of HSRs (own DWG): \_\_\_\_\_ Number of Deputy HSRs (own DWG): \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Resigning HSR only: Please provide reason for resignation: \_\_\_\_\_

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Office Use Only:

Processed by OHS Unit \_\_\_\_\_ Received by Membership \_\_\_\_\_ Date Entered Unison \_\_\_\_\_

Return to:

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