**Call for Health and Safety Representatives Pitch (sample template for your own use)**

**Sample text:**

To all [department / work area name] staff,

**Would you like to contribute towards creating a healthier and safer workplace for your colleagues? If so, this is your opportunity!**

[Department / work area name] is calling for nominations to fill the following Health and Safety Representative positions:

[Insert available HSR position(s) - i.e. 1 x SHR at Level 1]

Health and Safety Representatives have an important role, under the *Work Health and Safety Act 2020*, and are the ambassadors of safety at [department].

Now is the time to seize the opportunity to have a voice about health and safety matters at work. If elected, your contribution will help strengthen the vital link between management and employees in resolving workplace health and safety issues.

Please consider this opportunity to nominate and help make a difference.

**The benefits of being a Health and Safety Representative:**

* You will attend a five day Health and Safety Representative Introductory Training course, at no cost to you.
* You will help to reduce occupational injury and disease rates in Western Australia.
* You will provide workers with a more formal and coordinated process for raising safety and health ideas and concerns with management.

Please refer to the attached memo for further details.

[Insert name]

[Insert position title]



**Call for HSRs Memo (sample template for your own use)**

**TO:** [insert name area represented] Staff **DATE:** [insert date]

**FROM:** [insert name of returning officer]

**SUBJECT:** Call for Health and Safety Representative Nominations – [insert area represented]

The [insert department] is now calling for interested employees to nominate to become a Health and Safety Representative (HSR) for [insert area represented]**.**

The role of a HSR is to represent their fellow employees on Health and Safety issues that concern them and liaise with senior management. They also play an important role in the promotion of a good safety culture and ensuring the work environment is free from hazards by conducting workplace inspections.

**Criteria for being a Safety and Health Representative**

To become a HSR for the department the following criteria must be met. The nominated person must be:

* Available and willing to act as a representative for a term of three years.
* Available and willing to inspect their work area at least once every [insert agreed inspection period].
* Dedicated to participating and consulting in the Health and Safety (OSH) Committee.
* Available and willing to participate on required and relevant training.
* Committed to helping fellow employees to report all identified hazards and incidents using the department’s formal procedures and forms.
* Must possess good relations with fellow workers and be willing to liaise with them regarding health and safety matters.
* A worker located at [insert area represented].

**Support provided to the elected Health and Safety Representative**

The person elected for this position will receive full support from senior management and their line manager to fulfil the following responsibilities:

* attend a five day HSR introductory training course;
* carry out regular workplace inspections of the work area at least once every [insert frequency]; and
* attend Health and Safety Committee meetings every [insert frequency of meeting].

The [insert relevant area] will also be available to provide ongoing information, support and guidance to all HSRs.

**How do I nominate to be a Health and Safety Representative?**

If you would like to nominate, please complete the attached nomination form and return it to:

[Insert contact details – Name, Phone, Email, Address]

Nominations must be submitted by close of business [insert date and time]

Please note: You must be located at [insert area represented] in order to be eligible to nominate.

**What is the selection process?**

If more than the required number of nominations is received, a secret ballot will be carried out and all workers at [insert area represented] will have the opportunity to vote for the person they would like to represent them on health and safety matters in the workplace.

If only the required number of nominations is received, the workers nominated will be considered duly elected and an election does not need to be held.

[Specify conditions in which a nomination may be withdrawn from the process – if applicable].

**Further information**

Should you have any enquiries or require further information about the HSR role, please feel free to contact [insert title] directly on [insert phone number] or via email: [insert email].



**Health and Safety Representative Nomination Form (sample template for your own use)**

Dear [insert area represented] Staff Member,

If you would like to nominate to become a Health and Safety Representative (SHR) for [insert area represented] please fill out the details below.

In order to qualify for nomination as a HSR under the *Work Health and Safety Act 2020*, you will need to be a current employee of the organisation. There is a reasonable expectation that the successful nominee will complete the three year term and be available during most business hours to fulfil your HSR functions.

 **Nominee’s details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Division/Branch : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

**Manager/superviser**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: / /

Please return to [insert contact name] by [insert time, date] on the contact details below [Insert contact details – Name, Phone, Email, Address].

**For returning officer use :**

**Eligibility of nomination verified ☐**