

No. 085/24

28th February 2024

TO: BRANCHES WITH MEMBERS EMPLOYED BY PARCELFORCE WORLDWIDE (INCLUDING RMSS)

Dear Colleague,

Election of: Parcelforce Worldwide Substitute Regional Organiser & Regional Chairs

Further to LTB 036/24 dated 26 January 2024 and LTB 045/24 dated 30 January 2024, we currently have the following vacancies. Nominations are now invited from members in the respective Parcelforce Worldwide Region (including RMSS) for the following positions:-

South Central Wales & South West Region

Substitute Regional Organiser

Central Region

Regional Chair

Northern Region

Regional Chair

Nomination forms are attached to this LTB, completed forms must be signed by the Branch Secretary and Branch Chair or accredited deputies and the nominee, and **should be returned to Tony Kearns, Senior Deputy General Secretary on the following email elections@cwu.org by 14th March 2024**

The timetable for nominations is as follows:-

Nominations Open : 29th February 2024
Nominations Close : 14th March 2024 (2.00pm)

Should a ballot be required, the timetable will be advised to branches in due course.

Any enquiries regarding this LTB should be addressed to the Senior Deputy General Secretary's Department, telephone number 020 8971 7237 or email address sdgs@cwu.org

Yours sincerely,



Tony Kearns
Senior Deputy General Secretary

**CWU Nomination Form
PARCELFORCE WORLDWIDE REGIONAL CHAIR 2024**

**THIS FORM MUST BE RETURNED TO THE ELECTION/RETURNING OFFICER AT:*

TONY KEARNS, SDGS, CWU, 150 THE BROADWAY, WIMBLEDON, SW19 1RX , email elections@cwu.org

To arrive no later than:* **14th March 2024 (14.00)

BRANCH NOMINATION: # The _____ decided to nominate
[BLOCK LETTERS]:
_____ CWU Membership No. is _____

for the position of:

PARCELFORCE WORLDWIDE REGIONAL CHAIR (Please delete as appropriate)

CENTRAL REGION / NORTHERN REGION

We certify that the nomination shown on this form is in accordance with the ballot guidelines and were made at a branch meeting held on:-

Date..... Time..... Venue.....

Signature of Branch Chair: _____ Signature of Branch Secretary: _____

Date: _____ Date: _____

Please Note: IT IS ESSENTIAL THAT BRANCHES ACCURATELY COMPLETE THE ABOVE SECTION – FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE NOMINATION BEING DECLARED INELIGIBLE

CANDIDATE'S CONSENT & BIOGRAPHICAL DETAIL

I agree to accept the nomination described above and submit the following biographical details;

Name: _____ Job Title: _____

Date commenced employment relevant to CWU membership: _____

Date Joined CWU: _____

UNION RECORD/OTHER RELEVANT SERVICE TO THE UNION AND LABOUR MOVEMENT (UP TO A MAXIMUM of 100 words) This should include information on positions held in Branch, Region, Section etc **together with appropriate dates** and information on representation at conferences, TUC, UNI, any education and training, previous membership of other trade unions, membership of political parties, and any other **biographical** detail relevant to this election that you wish to be included.

ELECTION ADDRESS AND PHOTO – Please note that candidates are entitled to submit a 300 word election address and individual photograph for this election.

*The biographical details, election address and photograph should be emailed to elections@cwu.org however all candidates **must** return the signed candidates consent and biographical details form by post to Tony Kearns at the above address to arrive by the advertised closing date.*

Candidate's Signature: _____ Tel Number _____

Email Address _____

PLEASE CAREFULLY CHECK ALL DETAILS BEFORE SUBMITTING THE FORM BY EMAIL TO elections@cwu.org

CWU Nomination Form
PARCELFORCE WORLDWIDE SUBSTITUTE REGIONAL ORGANISER
2024

**THIS FORM MUST BE RETURNED TO THE ELECTION/RETURNING OFFICER AT:*

TONY KEARNS, SDGS, CWU, 150 THE BROADWAY, WIMBLEDON, SW19 1RX, email elections@cwu.org

**To arrive no later than: 14 March 2024 (14.00)*

BRANCH NOMINATION: # The _____ decided to nominate
[BLOCK LETTERS]: _____ CWU Membership No. is _____

for the position of:

PARCELFORCE WORLDWIDE SUBSTITUTE REGIONAL ORGANISER
SOUTH CENTRAL WALES & SOUTH WEST REGION

We certify that the nomination shown on this form is in accordance with the ballot guidelines and were made at a branch meeting held on:-

Date..... Time..... Venue.....

Signature of Branch Chair:

Signature of Branch Secretary:

Date: _____

Date: _____

Please Note: IT IS ESSENTIAL THAT BRANCHES ACCURATELY COMPLETE THE ABOVE SECTION – FAILURE TO PROVIDE THIS INFORMATION WILL RESULT IN THE NOMINATION BEING DECLARED INELIGIBLE

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