



**ONA LOCAL 80**  
**UNIT REPRESENTATIVES**  
**Nomination Form**

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**Please print all information except where signatures are required. Both the Nominators and the Candidate must both be entitled members of ONA.**

I \_\_\_\_\_ and \_\_\_\_\_  
(Print Name – Nominator 1) (Print Name – Nominator 2)

Nominate \_\_\_\_\_  
(Print Name)

**for Unit Rep on Unit** \_\_\_\_\_

\_\_\_\_\_  
(Signature of Nominator 1)

\_\_\_\_\_  
(ONA I.D. Number)

\_\_\_\_\_  
(Signature of Nominator 2)

\_\_\_\_\_  
(ONA I.D. Number)

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I \_\_\_\_\_  
(Print Name)

accept the nomination.

\_\_\_\_\_  
(Signature of Candidate)

\_\_\_\_\_  
(ONA I.D. Number)

\_\_\_\_\_  
(Date)

**It is expected that once a Nurse is Nominated and holds the position of ONA Unit Representative she/he will inform their Manager immediately as per your Collective Agreement.**

**Please return the Nomination Form to the ONA Main Office, Rooms H214/H215, Sunnybrook Site or via fax at 416-480-6867, or by email to Paul LoStracco at [Paul.LoStracco@sunnybrook.ca](mailto:Paul.LoStracco@sunnybrook.ca).**

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