



# Unit Representatives Nomination Form

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

I, (#1) \_\_\_\_\_ and (#2) \_\_\_\_\_  
(Print Full Name) (Print Full Name)

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

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

(#1) \_\_\_\_\_  
(Signature of Nominator) (ONA I.D. Number)

(#2) \_\_\_\_\_  
(Signature of Nominator) (ONA I.D. Number)

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I \_\_\_\_\_ accept the nomination.  
(Print Full Name)

\_\_\_\_\_  
(Signature of Candidate) (ONA I.D. Number)

\_\_\_\_\_  
(Cell #) (Personal E-mail)

\_\_\_\_\_  
(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 via fax at 416-480-6867, or by e-mail to Paul LoStracco at [paul.lostracco@sunnybrook.ca](mailto:paul.lostracco@sunnybrook.ca).**