***CHANGE OF DELEGATE TO BE COMPLETED VIA OCS UP TO THE CUT OFF POINT OF 5PM MONDAY 13th JANUARY 2020***

***THIS FORM IS ONLY TO BE USED FROM TUESDAY 14th JANUARY 2020***

**EMERGENCY CHANGE OF DELEGATE FORM**

***Delegates may not be changed after the start of conference.***

**Name and address of BRANCH SECRETARY**

Name: …………………………………………………………………………………….

Address: ………………………………………………………………………………….

Region: ……………………………………………………………………………………

Branch Name: ……………………………………………………………………………

Branch Number: ………………………………………………………………………….

Name of Delegate to be changed: ……………………………………………………….

Name of New Delegate: …………………………………………………………………

Membership No of New Delegate: ………………………………………………………

Date of Birth of New Delegate: …………………………………………………………..

Signature of Branch Secretary/Branch Chair: ……………………………………….....

**please note that all of the above details must be completed before any changes are made. proportionality and fair representation should be maintained at all times.**

The signature of the National Officer will be required as authorisation for the change.

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| I agree that the above change of delegate maintains the proportionality and fair representaion of the delegation.Signed*:………………………………………………………………….* Date *…..............................................*National Officer |

***This form must be signed by the National Officer and handed in to the Conference Desk in Milton Keynes – DO NOT send to National Office.***

UNISON is the data controller for the information you provide on this form. The information will be used for emergency changes of delegates only.