**Election notification – FACULTIES**

**Form for notification of elected occupational health and safety representatives and appointed managers to the occupational health and safety groups.**

Please complete the form with all of the requested details before sending it to [amovalg@au.dk](mailto:amovalg@au.dk)

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| --- | --- | --- | --- | --- |
| **Elected** occupational health and safety representative and **appointed** manager to the occupational health and safety group for: | | | | |
| Faculty | |  | | |
| Department/school/centre | |  | | |
| Division/section or name of occupational health and safety group | |  | | |
| **Occupational health and safety representative** | | | **Manager in occupational health and safety group** | |
| Name: |  | | Name: |  |
| Telephone: |  | | Telephone: |  |
| Email: |  | | Email: |  |
| AU ID: |  | | AU ID: |  |