**Branch Information Form**

**You MUST submit this form so that we can record that a Branch AGM has taken place.**

You will need to complete the form below following your AGM with details of:

* **The terms and conditions a the end of this form must be read out and made available to all newly elected and re-elected activists.**
* Newly elected, re-elected and resigned Branch Officers (pages 1-2).
* Newly elected, re-elected and resigned Workplace Representative/MSW Advocates (pages 3-4).
* For newly elected Workplace Representatives/MSW Advocates - **Please complete the relevant accreditation/election forms and return with this form.** Accreditation/election forms can be found on the branch resources page of the RCM website

<https://www.rcm.org.uk/influencing/activists/rcm-branches/resources/>

This form must be submitted electronically to the following email address: [**Activists@rcm.org.uk**](mailto:Activists@rcm.org.uk) **(paper copies will not be accepted).** If you print this form please complete the information in **BLOCK CAPITALS** alternatively, it can be completed electronically**.** Please ensure you retain a copy for your Branch files. It is important that you return this form annually to the RCM by **31 January**.

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| **Branch Name:** | |
| **AGM Date:** | |
| **Chairperson – Please complete all sections below** | |
| Membership No: | |
| First Name: | Last Name: |
| Branch Officer Contact No:  **This is the contact number that will be given to members** | |
| Branch Officer Email Address:  **This is the contact email address that will be given to members** | |
| Date elected: | |
| Is this person new to the role? | Yes/No |
| If **Yes** name of retiring Chairperson and membership no: |  |
| Is this role shared with another member?  If **Yes** please provide details (name and membership no.): |  |
| **Secretary – Please complete all sections below** | |
| Membership No: | |
| First Name: | Last Name: |
| Branch Officer Contact No:  **This is the contact number that will be given to members** | |
| Branch Officer Email Address:  **This is the contact email address that will be given to members** | |
| Date elected: | |
| Is this person new to the role? | Yes/No |
| If **Yes** name of retiring Secretary and membership no: |  |
| Is this role shared with another member?  If **Yes** please provide details (name and membership no.): |  |
| **Treasurer – Please complete all sections below** | |
| Membership No: | |
| First Name: | Last Name: |
| Branch Officer contact No:  **This is the contact number that will be given to members** | |
| Branch Officer Email Address:  **This is the contact email address that will be given to members** | |
| Date elected: |  |
| Is this a person new to the role? | Yes/No |
| If **Yes** name of retiring Treasurer and membership no. |  |
| Is this role shared with another member?  If **Yes** please provide details (name and membership no.): |  |

**Newly elected and re-elected Workplace Representatives/MSW Advocates**

Please include information on **newly elected and re-elected** Workplace Representatives/ MSW Advocates in the table below.

**Newly elected Workplace Representatives/MSW Advocates should complete the relevant accreditation/election forms and these should be returned with this form.**

**Newly elected and re-elected Workplace Representatives/MSW Advocates**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Membership number** | **Newly/Re-elected** | **Role (H&S Rep, Learning Rep, MSW Advocate or Steward)** | **Workplace** |
| *Example entry*  *Jane Smith* | *1234* | *Re-elected* | *Steward* | *Any Hospital* |
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**Resigned Workplace Representatives/MSW Advocates**

Please include information on Workplace Representatives/MSW Advocates that have **resigned** from the branch in the table below.

**Resigned Workplace Representatives/MSW Advocates**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Membership number** | **Resigned role (H&S Rep, Learning Rep, MSW Advocate or Steward)** | **Workplace** |
| *Example entry*  *Jane Smith* | *1234* | *Steward* | *Any Hospital* |
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| **Signed:** | **Branch Secretary** |
| **Date:** |  |

If any of the above contact information changes please email **A**[**ctivists@rcm.org.uk**](mailto:Branch.AGM@rcm.org.uk) to ensure records are kept up-to-date.

**Terms and Conditions**

**By signing this form, I can confirm that I have read out the terms and conditions at the AGM and will make them available to all Activists. Newly elected Activists have consented for the contact details indicated above to be used for their role as an Activist and those re-elected have consented for those currently held by the RCM to be used\* and for them to be passed onto RCM members. They understand that they will receive emails regarding their role as an RCM Activist and they cannot opt out of these as they are a mandatory part of the role.**

**\****Should any Activist wish to update their details please contact RCM Connect 0300 303 0444 or log on to the RCM portal*