

**APPLICATION FOR DISQUALIFICATION OF HEALTH AND SAFETY
REPRESENTATIVE OR COMMITTEE MEMBER**

HEALTH AND SAFETY AT WORK (ADMINISTRATION) REGULATIONS 1997

To: The Permanent Secretary

Take note that (name of employer/worker) _____

Address _____

here by apply for disqualification of health and safety *representative/committee member
(name) _____ representing *employer/worker on the following ground/s:

Dated this _____ day of _____, 20_____

SIGNED _____

*Strike out whichever applicable.