# Work Group (insert number and name) includes staff/workers, volunteers and contractors from: (insert relevant business areas)

# Your HSR is: (insert name)

(insert picture of your HSR)

# The contact number for your HSR is: (insert number/s)

# Your Deputy HSR’s are as follows: (insert names and contact numbers)

# Work Group meetings are held: (insert how often and where)

Please contact your HSR for exact details if you would like to attend or if you would like to table an agenda item.