



## **Lead COVID-19 Supervisor (LCS) Appointment 2020-2021**

**ALL INFORMATION MUST BE RECORDED IN BLOCK CAPITALS**

**Branch** \_\_\_\_\_

**Region** \_\_\_\_\_

**Lead COVID-19 Supervisor (LCS)**

**Name** \_\_\_\_\_

**(The LCS must be 18 years of age or older)**

**Address** \_\_\_\_\_

\_\_\_\_\_

**Contact Phone Number** \_\_\_\_\_

**Email** \_\_\_\_\_

**Signed**

**Secretary** \_\_\_\_\_

**Date** \_\_\_\_\_

**LCS** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please complete this form and return it to your Regional Secretary as soon as possible and retain a  
copy for your own records**