



**Team Leader
Deputy Team
Leader**

Appointment of a Team Leader and Deputy Team Leader from an Institution collaborating in an Experiment or Project

This appointment form implements the instructions set out in the document “**Responsibilities of the Home Institution, the CERN Team Leader and the Safety Correspondent**”, regarding the Team Leader and the Deputy Team Leader(s).

http://usersoffice.web.cern.ch/sites/usersoffice.web.cern.ch/files/pdf/Home_Inst_CERN_TL_SC_Responsibilities.pdf hereinafter “the document”.

To be completed by an authorized representative of the institution collaborating in an experiment or project

Experiment/Project

Institution

Full name (name as used for scientific publications)

Town

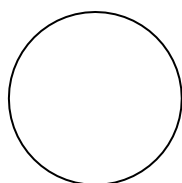
Country

Authorised
representative

Name

First name

Position held in the Institution (e.g. Head of Department/Head of Administration)



I acknowledge the Institutes' responsibilities and the responsibilities of the Team Leader and the deputies, as described in the document, and hereby appoint the person(s) mentioned below to act on behalf of the Institution in the indicated roles. If applicable, this appointment cancels and replaces any previous appointments. I acknowledge that the institution shall ensure that its personnel reads and complies with the “Handbook of key legal responsibilities of home institutions in respect of their personnel at CERN” ^[1].

Date

Signature of the representative

Team Leader*

Start Date:

Name

First name

CERN Id

I acknowledge the responsibilities of the Team Leader as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the Team Leader

**1st Deputy Team
Leader***

Start Date:

Name

First name

CERN Id

I acknowledge the responsibilities of the Deputy Team Leader as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the 1st Deputy Team Leader

**2nd Deputy Team
Leader**

Start Date:

Name

First name

CERN Id

I acknowledge the responsibilities of the Deputy Team Leader as described in the document, and agree to fulfil them to the best of my abilities.

Date

Signature of the 2nd Deputy Team Leader

To be completed by the spokesperson or the contact person of the experiment or project, **for appointment of Team Leader and/or Deputy Team Leader(s)**, only:

**Spokesperson/
Contact
Person**

Name

First name

CERN Id

I agree with the appointment of the Team Leader and/or the Deputy Team Leader(s).

Date

Signature of the spokesperson/contact person

*mandatory appointments

[1] <https://cds.cern.ch/record/2910413?ln=en>