

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 a	uthorized 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.
	Date Signature of the representative
Team Leader*	Start Date:
I acknowledge the respon	Name First name CERN Id nsibilities 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
1 st 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 1 st Deputy Team Leader
2 nd 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 2 nd 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