**JOB DESCRIPTION**  
(For internal circulation on a need-to-know basis only)

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| Surname (or Family Name): |  |
| Given Name(s): |  |
| Middle or Patronymic Name: |  |
| Department/Section: |  |
| Job Title: |  |
| Responsible for staff/equipment: |  |
| Immediate Supervisor: |  |
| Entry Requirements: competence, training, experience, qualifications: |  |
| Preferred and Desirable Requirements: competence, training, experience, qualifications: |  |
| Duties: (What, why, when, how, and where) | Including:  I acknowledge I have a direct personal responsibility to take reasonable care of my own health and safety; and also not to put fellow employees, customers, or members of the public at risk by what I do, or don’t do, in the course of my work.  I acknowledge I have a responsibility to co-operate fully with my employer and I understand and will follow the company’s quality, and health and safety policies.  I acknowledge I have a responsibility to tell my supervisor if I take medication that makes me drowsy; or have a condition that markedly restricts my ability to function physically, mentally, or socially. [OR: including where appropriate pregnancy or breast feeding.] |

Signed employee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Signed for xxxx LLC/Ltd: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_