



## REGISTRATION FORM or CHANGE OF INSTITUTE for USERS and UNPAID ASSOCIATES\* (outside affiliation)

Local address in the Geneva region _____ _____ Telephone _____ Private address in the home country _____ _____ Telephone _____	Surname ( <i>Family name</i> ) _____ Maiden name _____ First names _____ ( <i>underline main first name</i> ) Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: Day _____ Month _____ Year _____ Town of birth _____ Country _____ Nationality(ies) _____
---	--

Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated						
	Surname	First name	Sex M/F	Date of Birth		Nationality(ies)
Spouse				Day	Month	Year
Children						

Passport No. _____ <input type="checkbox"/> Ordinary <input type="checkbox"/> Service Valid until: Day _____ Month _____ Year _____	If spouse in the local area and does not work Passport No. _____ <input type="checkbox"/> Ordinary <input type="checkbox"/> Service Valid until: Day _____ Month _____ Year _____
--	---

Institute or University* ( <i>name and full address</i> ) _____ _____ Telephone _____	Since when : Day _____ Month _____ Year _____ Your present position _____  * Proof of employment/enrolment with your institute/university showing start and end dates, is required in English or French
--	--

Financial support from your institute during your stay at CERN (including salary) Monthly over 2800 CHF? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, other financial resources _____	Nature of your work while at CERN: <input type="checkbox"/> Scientific <input type="checkbox"/> Eng. <input type="checkbox"/> Tech. <input type="checkbox"/> Admin. <b>For students only:</b> Do you have a PhD? <input type="checkbox"/> For what qualification are you working? _____ When do you expect to obtain it (year)? _____
---	--

**Insurance - at all times whilst at CERN I declare that I will be covered for :**

Medical expenses and work and private accidents    By whom \_\_\_\_\_

Disability\* arising from professional and non-professional illness and accidents    By whom \_\_\_\_\_

(\*not covered by the CERN Health Insurance Scheme (CHIS) managed by UNIQA)

Presence at CERN \_\_\_\_\_ % for the period from \_\_\_\_\_ to \_\_\_\_\_

Experiment/Project<sup>+</sup> :    **Primary** \_\_\_\_\_    **Other** \_\_\_\_\_    Org. Unit<sup>+</sup> \_\_\_\_\_

Internal address:    Building \_\_\_\_\_ Floor \_\_\_\_\_ Office \_\_\_\_\_ Tel \_\_\_\_\_ Tel \_\_\_\_\_ Mobile \_\_\_\_\_

**We certify that, to our knowledge, the above information is correct and complete**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Your Signature \_\_\_\_\_

Team Leader / Group Leader \_\_\_\_\_ Signature \_\_\_\_\_

or Deputy \_\_\_\_\_ Signature \_\_\_\_\_

Group Leader for UPAS not attached to a Project \_\_\_\_\_ Budget code \_\_\_\_\_ (if blank, you will be UNABLE to use account)

<b>To be completed by CERN</b> Status:    USER / UPAS <sup>+</sup> _____ % Duration of contract    From _____ To _____ Department – Group – Section _____ Card <input type="checkbox"/> Access <input type="checkbox"/> AF Comments: _____	Identification No. _____ Home Institute Code _____ Prof. Code _____ Remarks _____ Processed Date _____ Signature _____ Verified Date _____ Signature _____
---	---



CERN - European Organization for Nuclear Research  
CERN – Organisation Européenne pour la Recherche Nucléaire

Name and Identification number (See overleaf)  
CERN  
CH – 1211 GENÈVE 23

**CONTRACT**  
**Personal – Confidential**

On behalf of the Director General of the European Organization for Nuclear Research, I am pleased to offer you a contract on the following conditions:

Department	PH / AB / AT / DG / DSU / ETT / FI / HR / IT / LHC / SC / TS
Status	USER / UPAS <sup>+</sup>
Duration of contract	See overleaf
Duty station	Geneva, Switzerland
Working time	See overleaf (percentage)

It is our understanding that your salary and expenses would be covered from sources other than CERN and that the Organization would accept no financial liability by this contract. In particular, CERN makes no provision for the reimbursement of medical expenses due to illness or accident, whether related to work or not. Such insurance can, however, be obtained by joining the CERN Health Insurance Scheme (CHIS), managed by UNIQA, at your own expense. This does not cover disability or death, since **CERN assumes that these risks are covered by your home institute.** Therefore, CERN will not assume any responsibility related to these risks.

You are expected to inform your Group Secretariat of any absences. You should contact the Users' Office at least one week before expiration of the validity of the identity documents issued by CERN regarding contract extension or termination formalities. ***You will receive a warning, a few weeks before your current contract expires, by e-mail to your address as registered at CERN. Please ensure that it is registered correctly, via the Web : <http://cra.cern.ch>.*** You must visit the Users' Office as soon as possible, bringing with you your access card and/or your attestation, in order to ensure that the validity of the identity documents is extended in time, otherwise all privileges (access, residence, car plates) will be withdrawn automatically. All identity documents issued by CERN **must be returned** at the end of your final contract with CERN.

This contract is subject to the provisions of the Staff Rules and Regulations and to all other relevant instructions. A copy of the Staff Rules and Regulations is available on request from the Personnel Records Office in the Human Resources Division.

The above conditions are based on the information you have supplied to CERN. The Users' Office must be notified immediately of any change in your personal, professional or financial circumstances affecting these conditions.

I accept this contract and the conditions mentioned above.

Date : .....Signature : .....

For the Users' Office

Date : .....Signature : .....