



Project Associates
Scientific Associates
Corresponding Associates
Guest Professors

REGISTRATION FORM HOME INSTITUTION DECLARATION

To be completed by the candidate

| | |
|--|---|
| Family name (as indicated in passport) | Local address whilst at CERN (if known) |
| First names (as indicated in passport) | Telephone |
| Academic title <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. | Private address in the home country |
| Gender: <input type="checkbox"/> female <input type="checkbox"/> male | Telephone |
| Date of Birth (Day/ Month/ Year): | |
| Town and country of birth | |
| Nationality(ies) | |
| Email | |

Marital status: ☐ Single ☐ Registered partnership ☐ Married ☐ Legally separated ☐ Divorced ☐ Widowed

| Accompanying family members | Name | First name | Gender (f/m) | Date of Birth | Nationality(ies) |
|-----------------------------|------|------------|--------------|---------------|------------------|
| Spouse | | | | | |
| Children | | | | | |
| | | | | | |
| | | | | | |

Highest qualification (diploma) incl. discipline: Year:

Years of experience after M.Sc. (for Scientific Associates only):

| | |
|---|--|
| Home institution ¹ (name/address): | Present position in the home institution: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time % Start date: |
|---|--|

Expected period of association with CERN: from / / to / /

Nature of activity at CERN: ☐ Scientific ☐ Engineering ☐ Technical ☐ Other:

I understand and certify that:

- I will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, I will not be employed by CERN, nor covered by its social insurance scheme;
- I will be employed by my home institution for the entire duration of my contract of association with CERN;
- social insurance is the responsibility of my home institution and, that failing, of myself;
- in particular, I will make sure that I have medical insurance that is adequate in Switzerland and France for myself and accompanying family members, which shall include cover for occupational illness and accidents for me;
- I have adequate financial resources to support myself and accompanying family members;
- I will benefit from a subsistence allowance committed by CERN to cover additional costs arising from my stay in the local area. I will declare any financial benefit of a similar nature² from an external source, that will be deducted.

I will inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my contract of association.

Date: Signature:

To be completed by an authorized representative of the competent administration of the home institution (Human Resources Department or equivalent).

Home institution (full name):

Address:

For the purpose of issuing a contract of association with CERN to the candidate, I certify that the home institution will ensure continuing compliance with the conditions as certified above by the candidate.

The home institution will inform CERN of any changes in the foregoing and understands that the consequences may include termination of the candidate's contract of association with CERN.

Date: Signature:
Name (in block capitals):
Stamp: Title at home institution:

¹ Your home institution is the research institution that employs you.

² For the avoidance of doubt, such benefits do not include salary payments