



To be completed by the candidate					
Family name ..... <i>(as indicated in passport)</i>  First names ..... <i>(as indicated in passport)</i>  Gender: <input type="checkbox"/> female <input type="checkbox"/> male  Date of Birth (Day/ Month/ Year): .....  Town and country of birth .....  Nationality(ies) .....		Local address whilst at CERN <i>(if known)</i> ..... ..... Telephone ..... Private address in the home country ..... ..... Telephone ..... Email .....			
Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Registered partnership <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed					
Accompanying family members	Name	First name	Gender (f/m)	Date of Birth	Nationality(ies)
Spouse					
Children					
Highest qualification (diploma) incl. discipline: ..... Year: .....					
Home institution <sup>1</sup> (name/address):					
Expected period of association with CERN: from ..... to .....					
Nature of activity at CERN: <input type="checkbox"/> Scientific <input type="checkbox"/> Engineering <input type="checkbox"/> Technical <input type="checkbox"/> Administrative <input type="checkbox"/> Other:					
I understand and certify that: <ul style="list-style-type: none"> <li>• 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;</li> <li>• for the entire duration of my contract of association with CERN, I will be:               <ul style="list-style-type: none"> <li><input type="checkbox"/> enrolled as a student at my home institution.</li> <li><input type="checkbox"/> in receipt of a grant from my home institution for the purpose of my association with CERN.</li> </ul> </li> <li>• social insurance is the responsibility of my home institution and, that failing, of myself;</li> <li>• 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;</li> <li>• I have adequate financial resources to support myself and accompanying family members.</li> </ul> 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 candidate's home institution					
Home institution (full name): .....					
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: .....		Position at home institution: .....			
To be completed by the host Department at CERN or HR Department (depending on the programme concerned)					
Organic Unit: .....		Budget code: .....		Pay programme: .....	
Starting date: .....		Expiration date: .....		Average presence at CERN: .....	
Monthly subsistence allowance (if applicable): .....		Job code: .....			
Department Head or other authorized person / or HR Coordinator:					
Name: .....		Date: .....		Signature: .....	

<sup>1</sup> Your home institution is

- the educational establishment in which you are enrolled or

- the institution with which CERN has concluded an agreement covering your activities and funding while at CERN.

In case of doubt as to the identity of your home institution, contact HR Department.