TRAINEES

HOME INSTITUTION DECLARATION

To be completed by the Trainee

| | |
|---|---|
| Family name: | Home address: |
| First name(s): | Home institution: |
| Date of birth: | |

Expected period of association with CERN: to

I certify that the following information will be valid for the duration of my contract of association with CERN:

1. Enrolment or funding
- I will remain officially enrolled as a student at my home institution throughout my contract with CERN.
- NON-MEMBER STATE SUMMER STUDENTS: I will receive a grant from my home institution to support my traineeship at CERN for an amount of

2. Status at CERN
- I will be an associated member of the CERN personnel and will be subject to CERN's Staff Rules and Regulations.
- I will not be employed by CERN and will not be covered by CERN's social security scheme.

3. Financial support
- I will have adequate financial resources to support myself and any family members accompanying me throughout our stay in the local area.

4. Insurance coverage
- I will have health and accident insurance valid in Switzerland and France, as well as in any countries I will visit during duty travel.
- I understand that any family members accompanying me must also have health and accident insurance valid in Switzerland and France.
- I take note that CERN will provide insurance for occupational illnesses and accidents during my traineeship.

5. Obligation to inform CERN
- I will inform CERN immediately of any changes to the above. I understand that such changes may result in the termination of my traineeship.

Date / signature:

To be completed by an authorised representative of the home institution

Home institution

I certify that the student is enrolled in the home institution.

I consent to the student's participation in the CERN trainee programme under the conditions listed above.

Date Name Signature

Position at the home institution:

Stamp