



To be completed by the candidate					
Family name <i>(as indicated in passport)</i> First names..... <i>(as indicated in passport)</i> Academic title <input type="checkbox"/> Dr. <input type="checkbox"/> Prof. Gender: <input type="checkbox"/> female <input type="checkbox"/> male Date of Birth (Day/ Month/ Year):..... Town and country of birth Nationality(ies) Email.....	Local address whilst at CERN <i>(if known)</i> Telephone Private address in the home country Telephone				
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					
Home institution ¹ (name/address):					
Expected overall period of association with CERN: from to					
Average presence at CERN: %					
Internal address: Building Floor Office Tel Mobile					
Nature of activity at CERN: <input type="checkbox"/> Scientific <input type="checkbox"/> Engineering <input type="checkbox"/> Technical <input type="checkbox"/> Other:					
I understand and certify that: <ul style="list-style-type: none"> • 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; • for the entire duration of my contract of association with CERN, I will be: <ul style="list-style-type: none"> <input type="checkbox"/> employed by Date of appointment: <input type="checkbox"/> * enrolled as a student at <input type="checkbox"/> * in receipt of a grant from supporting my association with CERN <input type="checkbox"/> in receipt of a retirement pension from • 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 inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my contract of association. Date: Signature:					
<small>* These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension</small>					
To be completed by Team Leader (for Users) or Department Head (for Cooperation Associates and Visiting Scientists)					
For Users The candidate will participate in the primary experiment other experiments..... agreed between CERN and the home institution. Team account:..... Team Leader:..... Signature:.....	For Cooperation Associates The candidate will participate in the collaboration agreed between CERN and the home institution. Agreement: Organic Unit: Department Head..... Signature:.....	For Visiting Scientists The candidate will participate in the activities of my department. Organic Unit: Department Head..... Signature:.....			

(1) Your home institution is:
 - Users: the institution with which CERN has concluded a Memorandum of understanding or equivalent agreement that covers your activities at CERN.
 - Cooperation Associates: the institution with which CERN has concluded an agreement that covers your activities at CERN.
 - Visiting Scientists: the research institution that employs you.
 In case of doubt as to the identity of your home institution, contact your Team Leader / Supervisor or Department Head.



Name (See registration form overleaf)
 CERN
 CH – 1211 GENÈVE 23

To be completed by the User's Office and to be signed by the candidate

Department-Group-Section:

**CONTRACT OF ASSOCIATION
 Personal –Confidential**

On behalf of the Director-General of the European Organization for Nuclear Research, I am pleased to offer you a contract of association. This contract is subject to the following conditions:

Status	User / Cooperation Associate / Visiting Scientist
Duration of contract	From..... to
	<input type="checkbox"/> long term contract
	<input type="checkbox"/> short term contract (single stay of maximum 3 months, not renewable)
Duty station	Geneva, Switzerland
Average presence at CERN%

This contract is subject to the provisions of the Staff Rules and Regulations, in particular to Article R II 1.11¹ as well as to all other relevant instructions. A copy of the Staff Rules and Regulations is available on request from the Records Office in the Human Resources Department and on the HR Web site.

These conditions are based on the information you have supplied to CERN. Any change in your personal, professional or financial circumstances must be notified in writing to the Users' Office immediately.

I accept this contract of association.

Date: Signature:

For the Users' Office

Date: Signature :

Identification No CL
 Prof. Code.....
 Home Institution Code

Processed: Date..... Signature.....
 Verified: Date..... Signature.....

Comments

¹ Article R II 1.11 of the Staff Regulations reads as follows: "In signing a contract with the Organization, members of the personnel shall accept its terms and agree to abide by the Rules and Regulations and to any subsequent amendment thereto by virtue of Articles S I 1.01 and 1.02, without prejudice to their acquired rights. Employed members of the personnel shall receive a copy of the Rules and Regulations, and associated members of the personnel shall be guaranteed access to them."