

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: Single Registered partnership Married Legally separated Divorced Widowed

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

Home institution¹ (name/address):

Orcid Identifier

Expected overall period of association with CERN (Day/ Month/ Year): from to

Average presence at CERN: %

Internal address: (Bldg/Floor-Office) Tel Mobile

Nature of activity at CERN: Scientific Engineering Technical Other:

I certify that, for the entire duration of my contract of association with CERN, I will be:

- employed by Date of appointment:
- * enrolled as a student at
- * in receipt of a grant from supporting my association with CERN
- in receipt of a retirement pension from

I understand and certify that, for the entire duration of my contract of association:

- 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 have adequate financial resources² to support myself, as well as any accompanying family members, throughout the duration of our stay in the local area;
- My social insurance cover is the responsibility of my home institution. It must include health and accident insurance (including protection against occupational illnesses and occupational accidents) providing adequate cover in Switzerland and France, as well as any countries visited on duty travel;
- If, for any reason, my home institution is unable to provide me with such health and accident insurance, I must obtain it myself. Nevertheless, my home institution remains responsible for ensuring its presence and adequacy;
- Any accompanying family members must have health and accident insurance providing adequate cover in Switzerland and France;
- My home institution shall ensure strict compliance with the conditions set out above.

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

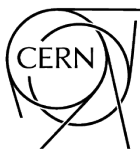
Date (Day/ Month/ Year): Signature:

* These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension.

To be completed by Team Leader (for Users) or Department Head (for Cooperation Associates and Visiting Scientists)

For Users	For Cooperation Associates	For Visiting Scientists
The candidate will participate in the primary experiment other experiments..... agreed between CERN and the home institution.	The candidate will participate in the collaboration agreed between CERN and the home institution.	The candidate will participate in the activities of my department.
Third-Party Account.....	Agreement:	Organic Unit:
Team Leader:.....	Organic Unit:	Department Head.....
Signature:.....	Department Head.....	Signature:.....
	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.
 (2) A definition of "adequate financial resources" in the context of this form is provided at the following link:
<http://usersoffice.web.cern.ch/adequate-financial-resources-for-Switzerland>.



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%
Reason
This contract is subject to the provisions of the Staff Rules and Regulations, in particular to Article R II 1.11 ¹ 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 <input type="checkbox"/> Benchmark Job..... 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."