



**To be completed by the candidate**

Family name ..... <i>(as indicated in passport)</i> First names..... <i>(as indicated in passport)</i> CERN ID number.....	Local address whilst at CERN ..... ..... Telephone .....
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Email.....

Marital status :  Single  Registered partnership  Married  Legally separated  Divorced  Widowed

My spouse has residence papers provided by CERN  
 My children have residence papers provided by CERN (provide school certificate for children of school age)

Home institution<sup>1</sup> (name/address):

Orcid Identifier.....

Expected new end date of association with CERN: .....

Average presence at CERN: ..... %

Internal address: Building ..... Floor ..... Office ..... Tel ..... Mobile

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 resources 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: ..... 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)**

<b>For Users</b>	<b>For Cooperation Associates</b>	<b>For Visiting Scientists</b>
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.
Team account:.....	Agreement: .....	Organic Unit: .....
Team Leader:.....	Organic Unit: .....	Department Head:.....
Signature:.....	Department Head:.....	Signature:.....
	Signature:.....	

**For the Users' Office**

The contract has been extended from..... to.....

Date: ..... 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.