



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 .....
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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 institution<sup>1</sup> (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 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<sup>2</sup> to support myself and accompanying family members;
- 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 .....
- My social insurance cover is the responsibility of my home institution;
- In particular, I must have health and accident insurance (including protection against occupational illnesses and accidents) providing adequate cover in Switzerland and France for me and any accompanying family members. Additionally, I must have adequate cover for all countries I may visit on duty travel;
- In the event that my home institution is unable to provide me with health and accident insurance, for whatever reason, I will be required to obtain such insurance myself under the responsibility of my home institution;
- I will inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my contract of association.

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.
Team 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<sup>1</sup> 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"/>	Processed: Date..... Signature.....
Benchmark Job.....	Verified: Date..... Signature.....
Home Institution Code .....	

Comments

<sup>1</sup> 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."