

## Users Cooperation Associates Visiting Scientists

## **REGISTRATION FORM AND CONTRACT**

FAP-DHO - 24.10.2022 Latest version

TO BE COMPLETED BY THE CA	ANDIDATE					
Family name		Local address whilst at CERN (if known)				
First names(as indicated in passport)						
Academic title  Dr.  Prof.		Telephone				
		Private address in the home country				
Gender:  male male		·				
Date of Birth (Day/ Month/ Year):						
Town and country of birth						
Nationality(ies)		Telephone				
Email						
Marital status: Single R	egistered partnersh	p 🗌 Married 🗌 Lega		Divorced	☐ Widowed	
, 3 ,	ame 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						
Average presence at CERN: %					ile	
Nature of activity at CERN: Scient	ific	g 🗌 Technical	Other:			
I certify that, for the entire duration of my contract of association with CERN, I will be:  — employed by						
* enrolled as a student at						
□ * in receipt of a grant from supporting my association with CERN						
in receipt of a retirement pension from						
<ul> <li>I will be an associated member of the</li> </ul>	personnel of CERN, s		Regulations. As	s such, I will not	be employed by	
CERN, nor covered by its social insur-		rell as any accompanying fa	mily members	throughout the a	duration of our stay	
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;						
<ul> <li>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</li> </ul>						
<ul> <li>any countries visited on duty travel;</li> <li>If, for any reason, my home institution is unable to provide me with such health and accident insurance, I must obtain it myself.</li> </ul>						
Nevertheless, my home institution remains responsible for ensuring its presence and adequacy;						
<ul> <li>Any accompanying family members must have health and accident insurance providing adequate cover in Switzerland and France;</li> <li>My home institution shall ensure strict compliance with the conditions set out above.</li> </ul>						
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: The candidate will provide supporting evidence of their relationship with their home institution upon request by CERN.						
* 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 COAS AND VISC)					AND VISC)	
For Users	•	ion Associates		ng Scientists		
The candidate will participate in the		will participate in the		The candidate will participate in the		
primary experiment collaboration agreed between CERN activities of my department.				ent.		
agreed between CERN and the home						
institution.						
Tillu-Faity Account			Dopartino	Department Head		
Team Leader: Department Hea		ead				
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:



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/			
	<ul> <li>long term contract</li> <li>short term contract (single stay of maximum 3 months, not renewable)</li> </ul>			
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 1.11¹ 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.  Signature:				
For the Users' Office  Date:	Signature :			
	-			
Identification No				
Benchmark Job				
Home Institution Code				
Comments				

<sup>&</sup>lt;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."