

## HOME INSTITUTION DECLARATION (HID)

FAP-DHO - Version: 30.09.2024 - 6

To be completed by an authorised representative of the candidate's home institution<sup>1</sup> for the purpose of issuing the candidate with a contract of association with CERN.

Full name of the candidate:
Name and address of the home institution:
Expected overall period of association with CERN (Day/ Month/ Year): from to
I certify that, for the entire duration of the contract of association with CERN, the candidate will be:
□ employed by
□ * enrolled as a student at
□ * in receipt of a grant from supporting the candidate's association with CERN
□ in receipt of a retirement pension from
* These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension.
I understand and certify that, for the entire duration of the candidate's contract of association:
<ul> <li>The candidate will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, the candidate will not be employed by CERN, nor covered by its social insurance scheme;</li> <li>The candidate has adequate financial support<sup>2</sup> for the duration of the candidate's stay, as well as that of any accompanying family members, in the local area;</li> <li>The candidate's social insurance cover is the responsibility of the 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;</li> <li>If, for any reason, the home institution is unable to provide such health and accident insurance, it must be obtained by the candidate Nevertheless, the home institution remains responsible for ensuring that such insurance is obtained and is adequate;</li> <li>Any accompanying family members must have health and accident insurance providing adequate cover in Switzerland and France;</li> <li>The home institution must ensure strict compliance with the conditions set out above, as well as with the obligations set out in the "Handbook on key legal responsibilities of scientific institutions in respect of their personnel at CERN".</li> </ul>
The home institution will inform CERN of any changes in the foregoing and understands that such changes may result in termination of the candidate's contract of association with CERN.
Date (Day/Month/Year): Signature :
Full name (in block capitals):
Stamp: Position at home institution:
(To be completed in English or French)
The HID is valid for six months after the date of signature; in the event that the candidate does not complete the registration process

within six months of the date of signature or if the contract is modified or extended more than six months after this date, a new HID is required.

The candidate will provide supporting evidence of their relationship with their home institution upon request by CERN.

- Users: the institution with which CERN has concluded a Memorandum of Understanding or equivalent agreement that covers their activities at CERN.
- Cooperation Associates: the institution with which CERN has concluded an agreement that covers their activities at CERN.
- Visiting Scientists: the research institution that employs them.

<sup>&</sup>lt;sup>1</sup> The home institution is:

<sup>&</sup>lt;sup>2</sup> 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.

## How to fill in the Home Institution Declaration

It is recommended to fill in all fields. The fields marked in **red** are mandatory. It is not allowed to cross-out any part of the text.

	Users Cooperation Associates Visiting Scientists  CERN  HOME INSTITUTION DECLARATION (HID) FAP-DHO-GT - Version: 24.10.2022 - 5
	To be completed by an authorised representative of the candidate's home institution <sup>1</sup> for the purpose of issuing the candidate with a contract of association with CERN.
You have to fill in both dates even if you hold a permanent position.  Date format dd/mm/yyyy	Full name of the candidate:  Name and address of the home institution:  Expected overall period of association with CERN (Day/ Month/ Year): from to
Choose only one of these options and complete the field.	I certify that, for the entire duration of the contract of association with CERN, the candidate will be:    mployed by   employed by   * enrolled as a student at   * in receipt of a grant from   supporting the candidate's association with CERN   in receipt of a retirement pension from   supporting the candidate's association with CERN   in receipt of a retirement pension from   supporting the candidate's association with CERN   supporting the candidate's association with CERN   supporting the candidate's association with CERN   supporting the candidate will be:
	* These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension.  I understand and certify that, for the entire duration of the candidate's contract of association:  • The candidate will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, the candidate will not be employed by CERN, nor covered by its social insurance scheme;  • The candidate has adequate financial support? for the duration of the candidate's stay, as well as that of any accompanying family members, in the local area;  • The candidate's social insurance cover is the responsibility of the 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, the home institution is unable to provide such health and accident insurance, it must be obtained by the candidate. Nevertheless, the home institution remains responsible for ensuring that such insurance is obtained and is adequate;  • Any accompanying family members must have health and accident insurance providing adequate cover in Switzerland and France;  • The home institution must ensure strict compliance with the conditions set out above.  The home institution will inform CERN of any changes in the foregoing and understands that such changes may result in termination of the candidate's contract of association with CERN.  Date (Day/Month/Year).
The <b>hand-written</b> signature by an authorized representative of the candidate's home institution is required.  Name = First Name + Last Name	Full name (in block capitals):  Stamp: Position at home institution:  (To be completed in English or French)  The HID is valid for six months after the date of signature; in the event that the candidate does not complete the registration process within six months of the date of signature or if the contract is modified or extended more than six months after this date, a new HID is required.  The candidate will provide supporting evidence of their relationship with their home institution upon request by CERN.
Only full title/position will be accepted: "chair of", "head of"	
	The home institution is:  Users: the institution with which CERN has concluded a Memorandum of Understanding or equivalent agreement that covers their activities at CERN.  Cooperation Associates: the institution with which CERN has concluded an agreement that covers their activities at CERN.  Visiting Scientists: the research institution that employs them.  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.

**Delegation of signature**: The Users Office can accept a *delegation of authorization* from the Head of institute or Head of administration of the Home Institution to the Team Leader or other person from your institute. The Users Office will archive the form.

The delegation document must have an official institute letter head and has to be signed by the Head of institute or Head of administration. Please indicate the position of the person, date and place, and if possible a stamp. Here is the proposed text for the delegation:

'XX (full name) has the authority of my institute XXX (full name) to sign the CERN Home Institution Declaration for the purpose of sending collaborators to CERN in support of their registration contract to become associated members of the personnel.'

Any person to be registered must provide the completed and signed Home Institution Declaration and the Registration form. The employment letter is not required anymore.