

Users **Cooperation Associates Visiting Scientists**

REGISTRATION FORM AND CONTRACT

FAP-DHO - 30.09.2024

Latest version

TO BE COMPLETED BY THE C						
Family name		Local address whilst				
First names						
Academic title		Telephone				
Gender: female male		Private address in the home country				
Date of Birth (Day/ Month/ Year):						
Town and country of birth						
Nationality(ies)		Telephone				
Email		I elepnone				
Marital status: 🗌 Single 🔲	Registered partnershi	p Married Le	gally separated	Divorced	U Widowed	
	Name First name	•	Gender (f/m)	Date of Birth	Nationality(ies)	
Spouse				Date of Diffi	(ico)	
Children						
Home institution ¹ (<i>name/address</i>):						
Orcid Identifier						
Expected overall period of association with CERN (Day/ Month/ Year): from						
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						
 in receipt of a grant from in receipt of a retirement pensior 						
 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 						
 I will be an associated member of th CERN, nor covered by its social insu 		ubject to its Staff Rules al	nd Regulations. As	s such, i will not	be employed by	
 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, 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". 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):	-		. The candidate w	ill provide supp	orting evidence of	
their relationship with their home institution upon request by CERN. TO BE COMPLETED BY TEAM LEADER (FOR USERS) OR DEPARTMENT HEAD (FOR COAS AND VISC)						
TO BE COMPLETED BY TEAM L For Users		ERS) OR DEPARTN ion Associates		OR COAS Ang Scientists		
The candidate will participate in the	-	will participate in the		date will partie		
primary experiment	collaboration a	agreed between CERN		of my departm	•	
other experiments		institution.	Organic			
agreed between CERN and the hon institution.	Agreement:			Organic Unit:		
Third-Party Account	Organic Unit: .		····· Departme	nt Head		
Team Leader:	Department L	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-financialresources-for-Switzerland

(CERN)V
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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/					
	 long term contract 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.						
Date:	Signature:					
For the Users' Office						
Date: Signature :						
Identification No CL		Processed: Date	Signature			
Benchmark Job		Verified: Date	Signature			
Home Institution Code						
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."