



REGISTRATION FORM or CHANGE OF INSTITUTE for USERS (ALL FIELDS MUST BE FILLED IN)

Opening hrs: Monday to Friday : 08h30 – 12h30 Monday to Friday: 14h00 – 16h00 **Closed Wednesday mornings**

Surname (<i>Family name</i>) _____ First names _____ (<i>as indicated in passport</i>) Sex: <input type="checkbox"/> M <input type="checkbox"/> F Date of Birth: Day _____ Month _____ Year _____ Town of birth _____ Country _____ Nationality(ies) _____	Local address whilst at CERN <u>Foyer CERN</u> _____ Telephone _____ Private address in the home country _____ _____ Telephone _____
--	---

Passport No. _____ Ordinary Service Valid until: Day _____ Month _____ Year _____

Marital status: Single Married Widowed Divorced Separated

If spouse in the local area and does not work	Surname	First name	Sex (M/F)	Date of Birth (Day Month Year)	Nationality(ies)
Spouse					
Children					

Spouse Passport No. _____ Ordinary Service Valid until: Day _____ Month _____ Year _____

Your Institute or University* (<i>name and full address</i>) <u>Kirchhoff Institutu for Physics</u> <u>Im Neuenheimer Feld 227, 69120 Heidelberg</u> Telephone _____	Since when : Day _____ Month _____ Year _____ Your present position _____ * Proof of employment/enrolment with your institute/university showing start and end dates , is required in English or French
---	---

Financial support (including all sources of income) during your stay : Monthly over 2800 CHF? Yes No
 If not, other financial resources _____

Nature of your work while at CERN : Scientific Eng. Tech . Admin. Do you have a PhD ? Yes No

Presence at CERN 20 % from _____ to _____
 Experiment/Project : **Primary** ATLAS **Other** _____ *Org. Unit*⁺ _____

Internal address: Building 32 Floor S Office S 09 Tel 76308 Tel _____ Mobile _____

E-mail address at which you can be contacted : _____

If this changes, please update it, for details: <http://cern.ch/ph-dep-UsersOffice/UsersContractsInfo/email.pdf>

Insurance Who covers you whilst at CERN for :

Medical expenses due to illness and private accidents ⁽¹⁾? Land Baden-Wuerttemberg and
 Medical expenses due to professional accidents ⁽¹⁾? Land Baden-Wuerttemberg and
 Economic consequences of disability arising from an accident ⁽²⁾? Land Baden-Wuerttemberg and
 Economic consequences of disability due to illness ^(2,3)? Land Baden-Wuerttemberg and
⁽¹⁾ Proof of Insurance is required ⁽²⁾ Not covered by CHIS (UNIQA) ⁽³⁾ Not covered by ACCIDENTA

We certify that, to our knowledge, the above information is correct and complete
 Date: ____/____/____ Your Signature _____

Team Leader / *Group Leader*⁺ _____ Signature _____
 or Deputy _____ Signature _____

⁺ CERN Group Leader for user not participating in experiment or official project Budget code _____ (if blank, you will be UNABLE to use phone, stores)

To be completed by CERN Category: USER / UPAS ⁺ _____ % <input type="checkbox"/> CL Long Term <input type="checkbox"/> Short Term <input type="checkbox"/> Duration of contract From _____ To _____ Department – Group – Section _____ Comments: _____	Prof. Code _____ Identification No. _____ Home Institute Code _____ Remarks _____ Processed Date _____ Signature _____ Verified Date _____ Signature _____
---	---



CERN - European Organization for Nuclear Research
 CERN – Organisation Européenne pour la Recherche Nucléaire

Name and Identification number (See overleaf)
 CERN
 CH – 1211 GENÈVE 23

CONTRACT
Personal – Confidential

On behalf of the Director General of the European Organization for Nuclear Research, I am pleased to offer you a contract on the following conditions:

Department	BE / DG / EN / FP / GS / HR / IT / PH / TE
Status	User
Duration of contract	See overleaf
Duty station	Geneva, Switzerland
Working time	See overleaf (percentage)

It is our understanding that your financial support would be covered from sources other than CERN and that the Organization would accept no financial liability by this contract. In particular, CERN makes no provision for the reimbursement of medical expenses due to illness or accident, whether related to work or not. Such insurance can, however, be obtained by joining the CERN Health Insurance Scheme (CHIS), managed by UNIQA, at your own expense. This does not cover disability or death, since **CERN assumes that these risks are covered by your home institute.** Therefore, CERN will not assume any responsibility related to these risks.

Long term contract: You should contact the Users' Office at least one week before expiration of the validity of the identity documents issued by CERN regarding contract extension or termination formalities. You will receive a warning, a few weeks before your current contract expires, by e-mail to your address as registered at CERN. Please ensure that it is registered correctly, as described on the Users' Office web site. You must visit the Users' Office as soon as possible, bringing with you your access card and/or your attestation, in order to ensure that the validity of the identity documents is extended in time, otherwise all privileges (access, residence, car plates) will be withdrawn automatically. All identity documents issued by CERN must be returned at the end of your final contract with CERN.

Short term contract (a single stay of maximum 3 months): The contract is automatically terminated when expired, an extension is not possible. Your CERN access card, car sticker, keys etc. must be returned.

This contract is subject to the provisions of the Staff Rules and Regulations and to all other relevant instructions. A copy of the Staff Rules and Regulations is available on request from the Personnel Records Office in the Human Resources Division.

The above conditions are based on the information you have supplied to CERN. The Users' Office must be notified immediately of any change in your personal, professional or financial circumstances affecting these conditions.

I accept this contract and the conditions mentioned above.

Date :

Signature :

For the Users' Office

Date :

Signature :