# MAS in **Toxicology** 2016 – 2018

## PLEASE ATTACH THE FOLLOWING DOCUMENTS

- □ Curriculum vitae
- $\Box$  Copy of your identity document

□ ID Picture

- □ Copies of your qualifications □ Covering letter
- 🗌 For persons residing in Swizterland or who already lived/studied/worked in Swizerland wih an existing ID nuber AVS (13 digits): a copy of any document with your AVS number (for example on your swiss helath insurance card). The enrolment number for students at Swiss universities is based on the AVS number.

### **COMPLETED FILE**

Gen Rue	rice of Pharmacology and Toxicology eva University Hospitals Gabrielle-Perret-Gentil 4 – 1211 Genève 4 i-toxicology@unige.ch
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The information provided will be treated in the strictest confidence in accordance with data protection legislation.

Personal data					
Please complete in block capitals					
Ms./Mrs. Mr.					
Surname/Family name:					Maiden name:
First name:					Middle name:
Date of birth ( <i>day/month/year</i> ):					
Occupation:					
Swiss nationality:	🗌 yes	🗌 no	Canton:		Nationality(ies)
MAILING ADDRESS (tick one box only)	🗌 persona	l 🗌 busine	255		BILLING ADDRESS  personal  business
BUSINESS CONTACT DETAILS					
Company/Institution:					
Address:					
Post code/City/Country:					
Tel:					Fax:
E-mail:					
PERSONNAL CONTACT DETAILS					
Address:					
Post code/City/Country :					
Tel :					Fax:
E-mail:					
AVS					
Since 2011, the enrolment number for st	udents at Sv	wiss univer	sities is based on	the AVS numbe	r.
ID number AVS:					
If you do not have an AVS number (So information in the event that your iden	wiss social s tification da	security sys ta (Family r	tem), you will be name, first name,	allocated one date of birth) i	by the University of Geneva. Please provide the following s not unique in the Swiss information system:
Surname/Family name of your father :					First name of your father :
Surname/Family name of your mother:					First name of your mother:

## MAS in Toxicology 2016-2018



Education						
PREVIOUS UNIVERSITY						
Have you enrolled previously in a Swiss higher education institution? yes no						
If you are not able to provide your enrolment number, please give the name of the last higher education institution you attended in Switzerland. This will enable us to retrieve your enrolment number:						
END OF STUDY LEVEL						
□ Federal Certificate	of Competence (	(CFC)				
□ Vocational school-						
General school-lea	•		darv)			
_	-		niversity of Teacher Education			
	-	Iniversity or Federal Ins	-			
	□ Other:					
HIGHEST UNIVERSITY (						
University:	20ALIFICATION C	BIAINED				
Country:						
City						
Degree (type of certific	ate):	Bachelor	🗌 Master	🗌 Postgraduate Certificate	e 🗆 Ph D	
Full title of qualificatio				8		
Start year:			Year of com	pletion :		
Number of semesters :	:					
Additic	onal informa	ation				

HOW DID YOU FIND OUT ABOUT THIS COURSE? (tick all that apply)					
Personal recommendation					
My company					
Education/careers adviser					
Newspaper advertisement => state which:					
University of Geneva brochure / prospectus / poster / continuing education course catalogue					
University of Geneva continuing education website www.unige.ch/formcont					
Another website => state which:					
Direct enquiry to the University of Geneva					
E-mail advertising the course					
🗌 At a trade fair or show (e.g. Salon RH, Salon de l'Etudiant) => state which:					
□ Other:					
<b>OTHER EXPERIENCE OF CONTINUING EDUCATION OVER THE LAST TWO YEARS</b> Please include all types of education and training, including seminars, symposia, conferences, debates, etc.					
□ No other experience of continuing education					
Number of courses of one day or less (<8 hours):					
Number of courses of more than one day (> 8 hours):					
Number of award-bearing courses (Certificate/Diploma/Master of Advanced Studies, etc.): :					



Additional information

#### EMPLOYMENT

Are you currently in employment?					
□ Yes, full-time					
□ Yes, part-time => Percentage worked :%					
□ No => because you are: □ Seeking employment □ On training leave	Retired				
□ Other, please specify:					
If you are not currently in employment, please complete the section below based were employed.	l on the last position in which you				
Role (job title):					
Level					
□ Self-employed □ Senior manager □ Middle manager	Employee				
Sector					
Self-employed business					
Public administration or similar   European organisation					
Association International organisation					
Private company					
Size of company					
□ 1 person □ 2 to 10 persons □ 11 to 50 persons					
51 to 100 persons101 to 500 persons501 to 1000 persons	🗌 over 1,000 persons				
The following three questions are optional, but help us get a better understanding of our students' situation. The data are kept confidential and are strictly used for statistical purposes.					
Birth place (Country, canton if Switzerland, dept if in France):					
Civil status:	$\Box$ widowed $\Box$ other				
Number of child(ren) :					
Comments:					
Registration					
Registration					
Registration					
I would like to enrol on the MAS in TOXICOLOGY U Without the practical part of Module 4 (Animal experimentation)					
I would like to enrol on the MAS in TOXICOLOGY					

pay ۶g Only candidates to engage in animal testing in the near future will be admitted to the practical part of Module 4.

## I would like to attend the following module/s (for persons who do not seek the MAS degree):

Part A of Module 1 must be completed and passed before attending any other module.							
	🗌 Mod. 1	🗌 Mod. 2	☐ Mod. 3	🗌 Mod. 4	🗌 Mod. 5	🗌 Mod. 6	🗌 Mod. 7
	🗌 Mod. 8	🗌 Mod. 9	🗌 Mod. 10	🗌 Mod. 11	🗌 Mod. 12	🗌 Mod. 13	□ Mod. 14
	Special fees fo	or individual mod	dules (for person	s who do not see	k the MAS degre	e). Participants e	nrolled on the MAS will be given priority if places are limited.

#### CANCELLATION CONDITIONS

Any withdrawal before the start of the programme will incur an administration fee of CHF 400.-. Fees will be payable in full once the course has begun.

The information provided will be treated in the strictest confidence in accordance with data protection legislation. Incomplete applications will not be considered. By signing this form, you confirm that the information you have given is correct and complete.

Date:Signature:	
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