## Registration

ADDITIONAL DOCUMENTATION REQUIRED

 $\square$  Copies of relevant university degrees

☐ Curriculum vitae



## Diploma of Advanced Studies | Diplôme de formation continue

DAS in Management of Clinical Trials – Good Clinical Practice Implementation and Quality Processes September 2016 – September 2017

☐ A passport photo

 $\hfill \square$  A written authorization from the employer

 $\square$  A copy of identity document

☐ A covering letter

☐ Two references letters	-				
FULL FILE to be returned by email before July 15, 2016 for the Diploma/one month prior to the beginning of the selected module to: DAS.clinicaltrials@hcuge.ch					
The data will be handled with strict confidentiality 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 (day/month/year):					
Occupation:					
Swiss nationality:	☐ yes ☐ no Canton:	Nationality(ies)			
MAILING ADDRESS (tick one box only)	☐ 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 s	wiss university students is based on the AVS ID number	r. 			
ID number AVS:					
If you do not have an AVS number (Swiss social system), University of Geneva will get one for you. Thank you to fill the following information in case your identification data (Surname, first name, date of birth) is not unique in the Swiss information system:					
Surname/Family name of your father :		First name of your father :			
•		First name of your mother:			



Curriculum							
DDIOD LINE STORY							
PRIOR UNIVERSITY STU							
Have you enrolled previously in a Swiss higher education institution?							
Swiss enrolment number SIUS:							
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-leaving certificate							
	aving certificate / Baccalaureate (secondary)						
_	rom University of Applied Sciences / University of Teacher Education						
	Doctorate from University or Federal Institute of Technology						
□ Other:							
HIGHEST UNIVERSITY L	LEVEL OF QUALIFICATION OBTAINED						
University:							
Country:							
City							
Degree (type of certific							
Full title of qualificatio							
From (year begun):							
Number of semestres :	: Number of ECTS crédits earned :						
Complem	entary information						
HOW DID YOU FIND O	UT ABOUT THIS COURSE? (tick all that apply)						
☐ Personal recomme	endation						
☐ My company							
☐ Education/careers	adviser						
☐ Newspaper advert	isement => state which:						
☐ University of Gene	☐ University of Geneva brochure / prospectus / poster / continuing education course catalogue						
☐ University of Geneva continuing education website www.unige.ch/formcont							
-	eva continuing education website www.unige.ch/formcont						
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☐ Another website =	eva continuing education website www.unige.ch/formcont						
<ul><li>☐ Another website =</li><li>☐ Direct enquiry to t</li><li>☐ E-mail advertising</li></ul>	eva continuing education website www.unige.ch/formcont => state which:						
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Another website =  Direct enquiry to t  E-mail advertising  At a trade fair or sl  Other:	eva continuing education website www.unige.ch/formcont => state which: the University of Geneva the course how (e.g. Salon RH, Salon de l'Etudiant) => state which:  F CONTINUING EDUCATION OVER THE LAST TWO YEARS so f education and training, including seminars, symposia, conferences, debates, etc.						
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Another website =  Direct enquiry to t  E-mail advertising  At a trade fair or sl  Other:	eva continuing education website www.unige.ch/formcont  => state which:						



Complementary I	nformation				
EMDLOVMENT					
EMPLOYMENT					
Are you currently in employment?					
☐ Yes, part-time => Percentage worke	ed :%				
□ No => because you are:	☐ Seeking employment	☐ On training leave	☐ Retired		
	Other, please specify:				
	If you have no occupation at present, please fill in the items hereunder referring to yourprevious occupation.				
Role (job title):					
Level					
☐ Self-employed	☐ Senior manager	☐ Middle manager	☐ Employee		
	· ·	Ŭ	. ,		
Sector					
Self-employed business		□ NGO			
Public administration or similar		European organisation			
☐ Association☐ Private company		$\square$ International organisation			
Size of company					
☐ 1 person☐ 51 to 100 persons	<ul> <li>□ 2 to 10 persons</li> <li>□ 101 to 500 persons</li> </ul>	☐ 11 to 50 persons ☐ 501 to 1000 persons	over 1,000 persons		
□ 51 to 100 persons	□ 101 to 500 persons	☐ 301 to 1000 persons	□ over 1,000 persons		
The following three questions are optional. They provide useful information on our students' status. The data are kept confidential and are strictly used for statistical purposes.					
Civil status:	$\square$ single $\square$ married	$\square$ civil partner $\square$ divorced $\square$ separate	ed □ widowed □ other		
Number of child(ren) :					
Comments:					
Registration					
I would like to enrol on the:					
	TRIALS – GOOD CLINICAL PRACTIC	E IMPLEMENTATION AND QUALITY PROCESSES	(8 MODULES)		
and agree to pay the sum of CHF 7's	500 on receipt of confirmation o	f my registration.			
I would like to attend the following m	odule(s):				
☐ Module 2A	☐ Module 3	☐ Module 4	☐ Module 6		
☐ Module 7	☐ Module 8	☐ Module 10	☐ Module 11		
and agree to pay the due amount on receipt of confirmation of my registration (CHF 1'500per module)					
CANCELLATION CONDITIONS					
	e programme will incur an admini	stration fee of CHF 400 Fees will be payable i	n full once the course has begun.		
			S		
The data will be handled with strict co Incomplete applications will not be co		ata protection legislation.			
By signing and dating this form, the applicant certifies that the information supplied is correct and complete.					
Date:	Sid	enature			
Date:Signature:					