

MAS in Microinvasive Aesthetic Dentistry 2017-2019

PLEASE ATTACH THE FOLLOWING DOCUMENTS

- ☐ Curriculum vitae
 ☐ Copy of your identity document
 ☐ Copies of your qualifications
 ☐ Covering letter
- ☐ For persons residing in Switzerland or who already lived/studied/worked in Switzerland with an existing ID number AVS (13 digits): a copy of any document with your AVS number (for example on your Swiss health insurance card). The enrolment number for students at Swiss universities is based on the AVS number.

COMPLETED FILE

to be returned before **31 March 2017** to:

Prof. Ivo KREJCI
 MAS/cario/Dr DOGLIA
 Ecole de Médecine Dentaire Division decariologie et d'endodontie
 19, rue Barthélemy-Menn – CH-1205 Genève
 romain.doglia@unige.ch

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 (day/month/year):

Occupation:

Swiss nationality: ☐ yes ☐ no Canton: Nationality(ies)

MAILING ADDRESS
(tick one box only)

☐ personal ☐ business

BILLING ADDRESS ☐ personal ☐ business

BUSINESS CONTACT DETAILS

Company/Institution:

Address:

Post code/City/Country:

Tel: Fax:

E-mail:

PERSONAL CONTACT DETAILS

Address:

Post code/City/Country:

Tel: Fax:

E-mail:

AVS

Since 2011, the enrolment number for students at Swiss universities is based on the AVS number.

AVS number:

If you do not have an AVS number (Swiss social security system), you will be allocated one by the University of Geneva. Please provide the following information in the event that your identification data (Last name, first name, date of birth) is 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:

Education

PREVIOUS UNIVERSITY EDUCATION

Have you enrolled previously in a Swiss higher education institution? ☐ yes ☐ no

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
- ☐ General school-leaving certificate / Baccalaureate (secondary)
- ☐ Bachelor/Master from University of Applied Sciences / University of Teacher Education
- ☐ Bachelor/Master/Doctorate from University or Federal Institute of Technology
- ☐ Other :

HIGHEST UNIVERSITY QUALIFICATION OBTAINED

University:

Country:

City:

Degree (type of certificate): ☐ Bachelor ☐ Master ☐ Postgraduate Certificate ☐ Ph D

Full title of qualification:

Start year: Year of completion :

Number of semesters : Number of ECTS crédits earned :

Additional information

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:

OTHER EXPERIENCE OF CONTINUING EDUCATION OVER THE LAST TWO YEARS

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 on the last position in which you were employed.*

Role (job title):

Level

☐ Self-employed☐ Senior manager☐ Middle manager☐ Employee

Sector

☐ Self-employed business☐ Public administration or similar☐ Association☐ Private company☐ NGO☐ European organisation☐ International organisation

Size of company

☐ 1 employee☐ 2 to 10 employees☐ 11 to 50 employees☐ 51 to 100 employees☐ 101 to 500 employees☐ 501 to 1000 employees☐ over 1,000 employees

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.

Civil status:

☐ single☐ married☐ civil partner☐ divorced☐ separated☐ widowed☐ other

Number of children:

Birth place (Country; Canton if Switzerland; Departement if in France):

Comments:

Registration

I would like to enrol on the:

☐ MAS in Microinvasive Aesthetic Dentistry 2017-2019 (CHF 50,000.-) Registration fees are due in full at the start of the course.

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: