## Registration

ADDITIONAL DOCUMENTATION REQUIRED

☐ Curriculum Vitae

 $\Box$  Letter of interests



## Certificate of Advanced Studies | Certificat de formation continue

☐ Copies of diplomas

## CAS in Modern Management for Non Profit Organizations 2018

 $\square$  A copy of your identification card

☐ A passport photo (JPG)

FULL FILE to be returned to:	Mylène BLANC GSEM – Uni Mail, Université de Genève – 1211 Genève 4 E-mail: npo@unige.ch After this deadline, application will be considered according to remaining availability You can also register on-line: http://npo.unige.ch					
The data will be handled with strict confidentiality in accordance with data protection legislation.						
Personal data	<u> </u>					
Please complete in block capitals						
☐ Ms/Mrs ☐ Mr						
Surname/Family name:		First name:				
Date of birth (day/month/year):						
Occupation:						
Swiss nationality:	☐ yes ☐ no Canton:	Nationality(ies)				
MAILING ADDRESS (tick one box only)	personal business	<b>BILLING ADDRESS</b> □ 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 (optional)						
Since 2011, the enrolment number for sv	wiss university students is based on the AVS ID numbe	er.				
ID number AVS:						



Curriculum							
PRIOR UNIVERSITY STUDIES							
Have you enrolled previously in a Swiss higher education institution? $\Box$ yes $\Box$ 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 o	☐ Bachelor/Master from University of Applied Sciences / University of Teacher Education						
☐ Bachelor/Master/Doctorate from U	Iniversity or Federal Institu	te of Technology					
☐ Other:							
HIGHEST UNIVERSITY LEVEL OF QUALIF Full title of qualification: University/School:	ICATION OBTAINED						
Country:							
City							
Degree (type of certificate):	☐ Bachelor	☐ Master	☐ Complementary Certificate ☐ Ph D				
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Complementary in	formation				
EMPLOYMENT					
Are you currently in employment?					
Yes, full-time					
☐ Yes, part-time => Percentage worked	:%				
☐ No => because you are:	$\square$ Seeking employment	☐ On training leave	☐ Retired		
	If you have no occupation of	at present, please fill in the items hereunder referrin	g to yourprevious occupation.		
Role (job title):					
Level					
☐ Self-employed	☐ Senior manager	☐ Middle manager	☐ Employee		
Sector					
Self-employed business		□ NGO			
Public administration or similar		European organisation			
Association		$\square$ International organisation			
☐ Private company					
Size of company	_	_			
1 person	2 to 10 persons	🗆 11 to 50 persons			
☐ 51 to 100 persons	☐ 101 to 500 persons	☐ 501 to 1000 persons	over 1,000 persons		
Registration					
I would like to register for:					
☐ CAS in Modern Management for No	n Profit Organizations 2018	(the 6 modules are obligatory) and I agree to pay	the tuition fee of CHF 6'900 as soon		
as I receive a confirmation of admiss	sion.				
I would like to register for the following	module/s:				
☐ Module 1 ☐ Module 2		Nodule 4 $\square$ Module 5 $\square$ Module 6	Optional module		
and I agree to pay the tuition fee of CHF	1'500 per module and CH	F 400 for the Optional module as soon as I receiv	e a confirmation of admission.		
CANCELLATION CONDITIONS					
Any withdrawal before the start of the course will incure an administration fee of CHF 400 Once the course has started, the full amount is due.					
The data will be handled with strict confidentiality in accordance with data protection legislation. Incomplete applications will not be considered.					
By signing and dating this form, the applicant certifies that the information supplied is correct and complete.					
Date		Signaturo.			
Date:		Signature:			