

DAS in Management of Clinical Trials – Good Clinical Practice Implementation and Quality Processes September 2018 – May 2019

ADDITIONAL DOCUMENTATION REQUIRED

- | | | |
|--|--|--|
| ☐ Curriculum vitae | ☐ A copy of identity document | ☐ A passport photo |
| ☐ Copies of relevant university degrees | ☐ A covering letter | ☐ A written authorization from the employer |
| ☐ Two reference letters | | |

FULL FILE

to be returned **by email** before **June 15, 2018** 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 ☐ 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:

PERSONAL CONTACT DETAILS

Address:

Post code/City/Country :

Tel : Fax:

E-mail:

AVS

Since 2011, the enrolment number for swiss university students is based on the AVS ID number.

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 in 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 :

Surname/Family name of your mother: First name of your mother:

Curriculum

PRIOR UNIVERSITY STUDIES

Were you previously enrolled 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 a University of Applied Sciences / University of Teacher Education
- ☐ Bachelor/Master/Doctorate from a University or Federal Institute of Technology
- ☐ Other :

HIGHEST UNIVERSITY LEVEL OF QUALIFICATION OBTAINED

University:

Country:

City:

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

Full title of qualification:

From (year begun): To (year completed) :

Number of semesters : Number of ECTS credits earned :

Complementary information

HOW DID YOU FIND OUT ABOUT THIS COURSE? (tick all that apply)

- ☐ Personal recommendation
- ☐ My company
- ☐ Education/career 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
- ☐ Other 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.): :

Complementary 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 have no occupation at present, please fill in the items hereunder referring to your previous occupation.

Role (job title):

Level

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

Sector

- ☐ Self-employed business
 ☐ NGO
☐ 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 persons
 ☐ 101 to 500 persons
 ☐ 501 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.

Birth place (country, canton if Switzerland, dept if in France):

Civil status: ☐ single ☐ married ☐ civil partner ☐ divorced ☐ separated ☐ widowed ☐ other

Number of child(ren) :

Comments:

Registration

I would like to enroll for the:

- ☐ DAS in **MANAGEMENT OF CLINICAL TRIALS – GOOD CLINICAL PRACTICE IMPLEMENTATION AND QUALITY PROCESSES (8 MODULES)**
 and agree to pay the sum of CHF 7'500.- on receipt of confirmation of my registration.

I would like to attend the following module(s):

- ☐ Module 2
 ☐ Module 3
 ☐ Module 4A
 ☐ Module 5
☐ Module 7
 ☐ Module 8
 ☐ Module 10

and agree to pay the due amount on receipt of confirmation of my registration (CHF 1'500.- per module)

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 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:Signature: