

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

September 2020 – May 2021

ADDITIONAL DOCUMENTATION REQUIRED

- | | | |
|--|---|--|
| <input type="checkbox"/> Curriculum vitae | <input type="checkbox"/> Copy of your identity document | <input type="checkbox"/> A passport photo |
| <input type="checkbox"/> Copies of relevant university degrees | <input type="checkbox"/> Covering letter | <input type="checkbox"/> A written authorization from the employer |
| <input type="checkbox"/> Two reference letters | | |

FULL FILE to be returned by email before July 31, 2020 for the Diploma/one month prior to the beginning of the selected module to:
DAS.clinicaltrials@hcuge.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: personal business
(tick one box only)

BILLING ADDRESS: personal business

BUSINESS CONTACT DETAILS

Company/Institution:

Address:

Post code/City/Country:

Telephone:

E-mail:

PERSONAL CONTACT DETAILS

Company/Institution:

Address:

Post code/City/Country:

Telephone:

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:

Curriculum

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 PhD

Full title of qualification:

Start year: Year of completion:

Number of semesters: Number of ECTS crédits earned:

Complementary 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'étudiant) => 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 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 NGO
- Public administration or similar European organisation
- Association International organisation
- Private company

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.

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

Civil status: single married civil partner divorced separated widowed other

Number of children:

Comments:

Registration

I would like to enrol in 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 Module 11

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 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: