

MAS in Toxicology 2018 – 2020

PLEASE ATTACH THE FOLLOWING DOCUMENTS

- Curriculum vitae Copy of your identity document ID Picture
 Copies of relevant qualifications Covering letter
 For candidates residing in Switzerland or who already lived/studied/worked in Switzerland with an existing AVS number (13 digits): a copy of any document with the AVS number (e.g. Swiss Health Insurance Card).

COMPLETED FILE

to be returned before **June 15th, 2018** to: Dr Caroline SAMER
Service of Pharmacology and Toxicology
Geneva University Hospitals
Rue Gabrielle-Perret-Gentil 4 – 1211 Genève 4
mas-toxicology@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 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:

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.

ID number AVS:

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 (Family 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 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, 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, dept if in France):

Civil status: single married civil partner divorced separated widowed other

Number of child(ren) :

Comments:

Registration

I would like to enrol on the MAS in TOXICOLOGY

- Without the practical part of Module 4 (Animal experimentation) and agree to pay the sum of CHF 10,900.- on receipt of confirmation of my registration.
- With the practical part of Module 4 (Animal experimentation) and agree to pay the sum of CHF 10,900.- plus an extra charge of CHF 1,100.- for the practical part of Mod. 4 on receipt of confirmation of my registration.

Only candidates to engage in animal testing in the near future will be admitted to the practical part of Module 4.

I would like to attend the following module/s (for persons who do not seek the MAS degree):

Part A of Module 1 must be completed and passed before attending any other module.

- Mod. 1 Mod. 2 Mod. 3 Mod. 4 Mod. 5 Mod. 6 Mod. 7
- Mod. 8 Mod. 9 Mod. 10 Mod. 11 Mod. 12 Mod. 13 Mod. 14

Special fees for individual modules (for persons who do not seek the MAS degree). Participants enrolled on the MAS will be given priority if places are limited.

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.

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Incomplete applications will not be considered.

By signing this form, you confirm that the information you have given is correct and complete.

Date:Signature: