REGISTRATION



Master of Advanced Studies | Maîtrise universitaire d'études avancées

MAS in **Microinvasive Aesthetic Dentistry** 2023-2025

DIFACE ATTACH THE FOLLOW	VINC DOCUMENTS								
PLEASE ATTACH THE FOLLOW									
□ 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.									
to be returned before 31 Marc	h 2023 to: cynthia.barcellini@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:									
Telephone:									
E-mail:									
PERSONNAL 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:									
	ner (Swiss social security system), you will be allocated one by the University of Geneva. Please provide the following r identification data (Last name, first name, date of birth) is not unique in the Swiss information system:								
Surname/Family name of your fath	her: 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 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: **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'étudiant) => state which: 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	n -								
EMPLOYMENT									
Are you currently in employment? ☐ Yes, full-time ☐ Yes,part-time => Percentage worl ☐ No => because you are:	☐ Seeking er☐ Other, plea	ase specify :	□ On training leoyment, please com						
were employed.									
Role (job title):									
Level									
☐ Self-employed	☐ Senior mai	nager	☐ Middle manag	ger	☐ Employee				
Sector ☐ Self-employed business ☐ Public administration or similar ☐ Association ☐ Private company	□ NGO □ European □ Internation	organisation nal organisation							
Size of company									
□ 1 employee	□ 2 to 10 em	ployees	□ 11 to 50 emplo	yees					
☐ 51 to 100 employees	☐ 101 to 500 employees		□ 501 to 1000 e	employees \square o		er 1,000 employees			
The following three questions are o The data are kept confidential and a Birth place (Country; Canton if Switz Civil status: Number of children: Comments:	re strictly used	for statistical pur	poses.			□ widowed			
Registration									
☐ I would like to enrol on the MAS in Microinvasive Aesthetic Dentistry 2023-2025 (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. In case of a withdrawal during the programme, the Management Committee will decide on a case by case basis of the due amount depending on the training received.									
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:	Date: Signature:								