

### CAS in Industrial Pharmacy – Quality Management September 2023 – April 2024

#### 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 with handwritten signature before **31 July 2023** to:

Florence VON OW-LESNEWSKI  
CAS Industrial Pharmacy - Quality Management  
Section Sciences pharmaceutiques - CMU  
1, Rue Michel Servet  
1211 Genève 4  
**florence.vonow@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:**       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

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:

Country of birth: ..... City of birth: .....

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 credits 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](http://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**Comments:**

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## Registration

**I would like to enrol in the:** CAS in **INDUSTRIAL PHARMACY – QUALITY MANAGEMENT**

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 1 Module 2 Module 3

and agree to pay the due amount on receipt of confirmation of my registration

(1-module: CHF 2,000.-)

**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:

Handwritten Signature: