

Registration in ORACLE*HR under the heading "EXTERNAL"

Person concerned

Name

Surname _____ First name(s) _____ *(as on passport)*

Sex

female male

e-mail _____

Nationality _____

Date of birth

Day Month Year

Employer's address¹

Name _____

Address _____

Tel. _____

Fax. _____

e-mail _____

I declare to be insured in France and in Switzerland against the financial consequences of illness and accident, incl. occupational if necessary.

Signature _____

Date _____

Signature _____

Period of association with CERN

Starting date

Day Month Year

Scheduled end date

Day Month Year

Reason for registration

	<i>Abbrev.</i>	<i>Registration exclusively by</i>	<i>Max. duration</i>
<input type="radio"/> Person accompanying a member of the personnel or a beneficiary of the Pension Fund who requires assistance with mobility	ACCO	Registration Service	1 year
<input type="radio"/> Member of official CERN committees	COMT	Secretariat of Council, scientific committees and Pension Fund	= Meeting/mandate
<input type="radio"/> Lecturer	CONF		4 weeks
<input type="radio"/> External participant in activities or projects, exclusively teleworking	DIST		1 year
<input type="radio"/> External participant in training courses organised by CERN	FORM	Training Service	1 year
<input type="radio"/> External participant in an EU project	EUPR	Project's secretariat	1 year
<input type="radio"/> CERN Guide with dosimeter	GUID	Visits Service	1 year
<input type="radio"/> Honorary member	HONO	HR Department	= Invitation
<input type="radio"/> Host state's authorities (eg. labour inspector, works doctor)	HOST	Registration Service	2 years
<input type="radio"/> Industrial Liaison Officer	ILOF	IPT Department	= Mandate
<input type="radio"/> Child attending the CERN Kindergarten or the accompanying person not member of personnel	KIND	Staff Association or HR Department	1 year
<input type="radio"/> Scientific activities of pensioners from institutes who have been previously USER	SCIE	EP department	1 year
<input type="radio"/> Trainee invited directly by a department for an internship/job shadowing or participant in CERN's programs for highschool students	STAG		4 weeks
<input type="radio"/> Professional Visitor	VISI	Registration Service	3 days

CERN Guarantor

Name

Surname _____ First name(s) _____

CERN ID

Department _____

By signing below, the guarantor engages his department's responsibility for the person concerned.

Signature _____

Date _____

Signature _____