

Users **Cooperation Associates Visiting Scientists**

REGISTRATION FORM AND CONTRACT

To be completed by the candidate					100						
Family name Schulte (as indicated in passport) First names Sebutian (as indicated in passport) Academic title Dr. Prof. Gender: female male Date of Birth (Day/ Month/ Year): 011111989		Local address whilst at CERN (if known) Telephone									
							Private address in the home country Kreben weg 7, 87459 P fronten Germany Telephone 08363 15154				
							Town and country of birth tressen , Germany		Germany		
		Nationality(ies) Gev man		Telephone 08363/5454							
Email Scholte @mpp. mpg.de											
Marital status: X Single	Registered partnership	☐ Married	Lega sepa	ally arated	Divorced	☐ Widowed					
Accompanying family members Name	First name		Ge	nder (f/m)	Date of Birth	Nationality(ies)					
Spouse											
Children											
	0/	4 10/1 04.	0/ 1/								
Home institution ¹ (name/address): Hax	- Manck	Institute for	PAYSIR	.3							
toh	ringer Kin	g 6; 8080	5 HUI	nich							
Expected overall period of association with CERN: from 04/09/2016 to 34/-12/-2017											
Average presence at CERN/0											
Internal address: Building Floor Office Tel Mobile Nature of activity at CERN: ☑ Scientific ☑ Engineering ☑ Technical ☑ Other:											
- 1000											
I understand and certify that:	personnel of Cl	EDN subject to its	Staff Rule	e and Re	adulations As s	such I will not					
 I will be an associated member of the personnel of CERN, subject to its Staff Rules and Regulations. As such, I will not be employed by CERN, nor covered by its social insurance scheme; 											
for the entire duration of my contract of association with CERN, I will be:											
employed by	Hunich	0.0000000000000000000000000000000000000	Date of	appointm	ient:	EFF.131.517/55					
□ employed by											
in receipt of a retirement pension from											
 social insurance is the responsibility of my home institution and, that failing, of myself; in particular, I will make sure that I have medical insurance that is adequate in Switzerland and France for myself and 											
accompanying family members, which shall include cover for occupational illness and accidents for me;											
I have adequate financial resources to support myself and accompanying family members.											
I will inform CERN of any changes in the foregoing, and understand that the consequences may include termination of my											
contract of association. Date:1910812016	Signature:	Ktitise									
* These options are not applicable to Visiting Scientists, who must be employed by their home institution or in receipt of a retirement pension											
To be completed by Team Leader (for Users) or Department Head (for Cooperation Associates and Visiting Scientists)											
For Users		tion Associates	Ala a		iting Scientist						
The candidate will participate in the primary experiment		e will participate in agreed between C			didate will part s of my departr						
other experiments	and the home										
agreed between CERN and the home Agreement:		Organic Unit:									
institution. Team account: 192700				Departn	nent Head	******					
Team Leader:		lead,									
1 1 1/1	0:			Signatu	re:						
Signature:	oignature:		******								

(1) Your home institution is:

- Users: the institution with which CERN has concluded a Memorandum of understanding or equivalent agreement that covers your activities at CERN.

- Cooperation Associates: the institution with which CERN has concluded an agreement that covers your activities at CERN.

- Visiting Scientists: the research institution that employs you.

In case of doubt as to the identity of your home institution, contact your Team Leader / Supervisor or Department Head.



Name (See registration form overleaf) CERN CH – 1211 GENÈVE 23

	To be completed by the User's Office a	nd to be signed by the candidate					
	Department-Group-Section:						
	CONTRACT OF ASSOCIATION Personal –Confidential						
	On behalf of the Director-General of the European Organization for Nuclear Research, I am pleased to offer you a contract of association. This contract is subject to the following conditions:						
	Status	User / Cooperation Associate / Visiting Scientist					
	Duration of contract	From/ to/					
		long term contract short term contract (single stay of maximum 3 months, not renewable)					
	Duty station	Geneva, Switzerland					
	Average presence at CERN	%					
This contract is subject to the provisions of the Staff Rules and Regulations, in particular to Article R II 1.11 as well as to all other relevant instructions. A copy of the Staff Rules and Regulations is available on request from the Records Office in the Human Resources Department and on the HR Web site. These conditions are based on the information you have supplied to CERN. Any change in your personal, professional or financial circumstances must be notified in writing to the Users' Office immediately.							
	I accept this contract of association.						
	Date:	Signature:					
	For the Users' Office						
	Date:	Signature :					
	Identification NoCL	Processed: Date Signature					
	Prof. Code	Verified: Date Signature					
	Home Institution Code						
	Comments						
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¹ Article R II 1.11 of the Staff Regulations reads as follows: "In signing a contract with the Organization, members of the personnel shall accept its terms and agree to abide by the Rules and Regulations and to any subsequent amendment thereto by virtue of Articles S I 1.01 and 1.02, without prejudice to their acquired rights. Employed members of the personnel shall receive a copy of the Rules and Regulations, and associated members of the personnel shall be guaranteed access to them."