

Registration in ORACLE*HR under the heading "EXTERNAL"

Person concerned		
Name	Surname _____ First name(s) _____ <i>(as on passport)</i>	
Sex	<input type="radio"/> female <input type="radio"/> male	Date of birth <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> Day Month Year
Nationality	_____	
Employer's address ¹	Name _____ Address _____ Tel. _____ Fax. _____ e-mail _____	
Social security while at CERN ²	I hereby declare to be insured against - illness _____ Name of insurance company _____ - invalidity/death due to an occupational accident _____ Name of insurance company _____	
Signature	Date _____	Signature _____
Period of association with CERN		
Starting date	<input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> Day Month Year	
Scheduled end date	<input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> Day Month Year	
Reason for registration	<i>Abbrev.</i>	<i>Max. possible duration of registration</i>
<input type="radio"/> Responsible for training courses organised by CERN	FORM	1 year
<input type="radio"/> Host State customs authority or works doctor	HOST	1 year
<input type="radio"/> Lecturer	CONF	3 months
<input type="radio"/> Member of official CERN committees	COMT	Duration of meeting/mandate
<input type="radio"/> Visitor within the framework of a CERN supplies contract or a collaboration agreement with CERN not fulfilling the conditions to be an Associated Member of Personnel	FIRM	1 year
<input type="radio"/> Trainee invited directly by a department outside the official programmes organised by HR Department	STAG	3 months
<input type="radio"/> Sales representative	COMM	1 year
<input type="radio"/> Short-term visitor (< 3 months) or person with access to the CERN Medical Service who is not a member of the personnel	MISC	3 months
<input type="radio"/> Collaboration with an institute other than for an experiment	INST	1 year
CERN Guarantor		
Name	Surname _____ First name(s) _____	
CERN ID	<input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/> <input type="text" value="__"/>	Department _____
By signing below, the guarantor engages his department's responsibility for the person concerned.		
Signature	Date _____	Signature _____

¹ It is compulsory for visitors requiring a film badge or being registered with the reason INST to state their employer's address.
² Please provide a written justification (e.g. insurance certificate)