

Home address :		Family Name:							
E-Mail		Maiden Name:							
LOCAL address in France or in Switzerland:		First Names :							
Telephone:		Date of birth: <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px;">Day</td> <td style="width: 30px;">Month</td> <td style="width: 30px;">Year</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table> Sex M F		Day	Month	Year			
Day	Month	Year							
		Town of Birth Country:							
		Nationality(ies):							
Marital Status Single *Married *Widowed *Divorced *Separated *Since:									
Spouse	Maiden Name <i>(if applicable)</i>	Family name	First Names	Sex (m, f)	Date of Birth			Nationality (ies)	
				M F	Day	Month	Year		
Children				M F					
				M F					
				M F					
Member of personnel				Spouse if in Geneva					
Passport N° Valid until (dd/mm/yy)				Passport N° Valid until (dd/mm/yy)					
Diplomatic Service Ordinary				Diplomatic Service Ordinary					
Education above secondary school									
Institution		Locality	From	To	Qualifications (Diplomas)			Year	
Have you worked at CERN before ? Yes No If so, when ? from to									
Home Institution (full name)				Since when (day/month/year):					
Address:				Present position in Home Institute:					
Monthly financial support from external sources during your stay at CERN Over 2800 CHF Yes No		Nature of work Scientific Technical Engineering Other (please specify)							
		STUDENTS For what qualifications are you working ?							
		ONLY When do you expect to obtain it ?							
While at CERN, are you covered for medical expenses? Yes No By whom?									
INSURANCE And for disability / death arising from work accidents *? Yes No By whom?									
(* not covered by the CERN Health Insurance Scheme (CHIS) managed by Uniqqa)									
Nature of the work at CERN?		Experimental physics Experiment Code		Theory		Other (please specify)			
Time to be spent at CERN?		From..... To							
		Percentage of time expected to be actually spent at CERN %							

I certify that, to my knowledge, the above information is correct and complete

Date: _____

Signature _____

To be completed by CERN

PERSONNEL ACTION FORM

Ident. No.

Action		Div./Group/Sect.		Group leader or authorized person		
Status		Starting/effective date		Expiration date %		
PPA	RCC	Prof. Code		Building / Floor / Office Tel./Natel		
Base Programme:	Monthly Subs.	Access	Tunnel	Attestation de Fonctions		
Remarks				PAFN	Initials	Date
APPROVAL VERIFICATION				Date:		Processed by
Signature : _____				_____		Vérif.
Divisions / Date :				_____		