



To be completed by the applicant to the Experiment Associate status (“the Expert”)

Family name Local address whilst at CERN (if known)
(as indicated in passport) (in block capitals)

First names
(as indicated in passport) (in block capitals)

Academic title (if any) Dr. Prof. Telephone

Gender: female male Private address in the home country

Date of Birth (DD/MM/YY): Telephone

Town and country of birth
 Nationality(ies)

Email

Marital status: Single Registered partnership Married Legally separated Divorced Widowed

Accompanying family members	Name, First name	Gender (f/m)	Date of Birth (DD/MM/YY)	Nationality(ies)
Spouse
Children
.....
.....

Highest qualification (diploma) incl. discipline: Year:

Home institution¹ (name/address): Present position as employee in the home institution: Full-time Part-time%
 Start date (DD/MM/YY):

Expected period of association with CERN: from/...../..... to/...../.....

I understand that, as an associated member of the personnel of CERN, I will:

- be subject to its Staff Rules and Regulations;
- not be employed by CERN, nor covered by its social insurance scheme;
- will benefit from a subsistence allowance paid by CERN to cover additional costs arising from my stay in the CERN local area pursuant to Staff Rule S V 1.01 b).
 I understand that I must declare any financial benefit of a similar nature² from an external source, as such benefit(s) may be deducted from my subsistence allowance.

For the entire duration of my contract of association with CERN as an Experiment Associate:

1. I must hold an employment contract with my home institution, on a full-time basis or on a part-time basis of at least 80%.
 Within the framework of this employment relationship, I certify that:
 - I receive a regular salary from my home institution;
 - I am covered by health and accident insurance, including protection against occupational illnesses and accidents, which provides adequate cover in Switzerland and France, as well as any countries visited on duty travel. It is the responsibility of my home institution to provide and pay for such cover. If, for any reason, my home institution is unable to provide such cover, I must obtain it myself. Nevertheless, my home institution remains responsible for ensuring the presence and adequacy of my health and accident insurance cover, and for paying associated costs; and
 - My home institution provides me with retirement and disability pension insurance cover.
 I will provide proof of employment and of the aforementioned insurance coverage upon request by CERN.
2. I will have adequate financial resources to support myself, as well as any accompanying family members, throughout the duration of my stay in the CERN local area;
3. Any accompanying family members will have health and accident insurance providing adequate cover in Switzerland and France.

I will inform CERN of any changes in the foregoing and understand that such changes may result in termination of my contract of association.

Name (in block capitals): Signature (by the Expert):
 Date (DD/MM/YY):

To be completed by the candidate: Please fill out all your personal details in the spaces provided.

Marital status: Please provide your personal family situation and fill out the requested data concerning your family members, if your family is coming on the start date of your contract.

Highest qualification (diploma) incl. discipline: Please indicate your highest diploma and in what discipline, as well as the year of graduation

Home institution: Name and address of the institute that employs you.

Expected period of association with CERN: Indicate the start date and the end date of your association contract with CERN (please make sure that these are the correct dates).

Local address whilst at CERN: Fill out your personal address in the French/Swiss local area, as well as your private address in your home country and your telephone numbers.

- Indicate your professional position/title in the home institution (e.g. engineer, technician) in the home institution.
- Indicate the starting date of your employment contract at the home institution.
- Indicate whether you have a full-time job or the work % if partially employed.

Please read the conditions carefully, date and sign in the bottom.

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¹ Your home institution is the research institution that employs you.
² For the avoidance of doubt, such benefits do not include salary payments.

To be completed by an authorized representative of the competent administration of the home institution (Head of Human Resources Department or equivalent)

Home institution (full name):
.....
Address:
.....
Name and title of the Expert's supervisor at the home institution:
.....
Contact details of the Expert's supervisor at the home institution (e.g. phone number, email):
.....
.....
The Expert will join CERN in the framework of the collaboration agreement KN.....

The home institution certifies that it will ensure continued compliance by the Expert with conditions 1 to 3, set out above.

The home institution also certifies that, throughout the duration of the contract of association, it will:

- ensure strict compliance with the obligations set out in the "[Handbook on key legal responsibilities of scientific institutions in respect of their personnel at CERN](#)".
- pay a regular salary to the Expert;
- provide, and pay for, health and accident insurance cover to the Expert, including protection against occupational illnesses and accidents, which provides adequate cover in Switzerland and France, as well as any countries visited on duty travel. If, for any reason, the home institution is unable to provide the Expert with such cover, it remains responsible for ensuring that the Expert obtains it themselves and for paying associated costs;
- provide retirement and disability pension insurance cover for the Expert;
- be responsible for the Expert's job definition, employment contract, performance assessment, career development.

The home institution will provide proof of the Expert's employment and insurance coverage upon request by CERN.

The home institution will inform CERN of any changes in the foregoing and understands that such changes may result in termination of the Expert's contract of association with CERN.

Date: Signature:
Name (in block capitals):
Stamp: Title at home institution:

The HID is valid for six months after the date of its signature; however, in case of contract modification or contract extension, a new HID will be requested.

To be completed by your Home Institution:
Full name and address of the institute that employs you.



Signature of the competent administration representative of the Home institution (Head of Human Resources or equivalent), as well as his/her name in capital letters, and his/her title in the institution.



Date
Stamp of the institution

