# CAS in Clinical Research – Registration Form

Please fill in the form electronically and **sign it**. In addition, send a **scan of your university diploma, a scan of your passport or id card** and send it together with the form by email to **casclinresearch@ispm.unibe.ch****.**

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| **Personal Data** |
| Matriculation Number1 | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |
| Family Name | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Date of Birth (DD MM YYYY) | Click or tap here to enter text. |
| First Language | Click or tap here to enter text. |
| Place of Origin (for Swiss citizens only) | Click or tap here to enter text. |
| Nationality | Click or tap here to enter text. |
| AHV/AVS number1 | Click or tap here to enter text. |
| **Private Address** |
| Street | Click or tap here to enter text. |
| Postal Code | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Email private | Click or tap here to enter text. |
| Email business | Click or tap here to enter text. |

1 If you have studied at a swiss university, you already have a matriculation number. The matriculation number has **8 digits** and can **only be assigned once**. If you do not find it on your documents, the corresponding university can provide information. Please write “none” if you don’t have a number. If you are accepted the university will allocate one.

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| **Please indicate which address we use for** |
|  | Private address Business Address |
| Email Correspondance |  [ ]  [ ]  |
| invoicing |  [ ]  [ ]  |
| *If invoice goes to business address, please specify exact billing address with cost center below* |
| **Billing Address** |
| Company | Click or tap here to enter text. |
| Unit / cost center | Click or tap here to enter text. |
| Street | Click or tap here to enter text. |
| Postal Code | Click or tap here to enter text. |
| City | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. |
| Mobile | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |
| URL | Click or tap here to enter text. |
| **ECTS course credits\*** |
| Use for PhD ☐Acquire a CAS diploma ☐\*If you intend to follow CAS courses, please be aware that you can either use the courses for your PhD, as part of the mandatory 18 ECTS required by the GHS PhD program or acquire the CAS diploma.**The course credits cannot be used to acquire both certificates (PhD and CAS) at the same time.** |
| **Education** |
| Academic degrees(degrees, universities, years of degrees)Attach a copy of your Master’s degree  | Click or tap here to enter text. |

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| **Current Employer** |
| Click or tap here to enter text. |
| **Current (and if applicable, also expected) Professional Function and Duties** |
| Click or tap here to enter text. |
| **Remarks (especially with regard to deviations from the requirements for admission)** |
| Click or tap here to enter text. |

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| **Conditions** |
| * All data will be handled in the strictest confidence.
* Applications will be handled in order in which they are received.
* There is no right to be admitted to the program.
* As soon as we have received your signed application and the proof of degree, we will send you a confirmation of receipt.
* The organizers have the right to make changes, in particular with respect to individual modules and instructors.
* Registration for the CAS in Clinical Research is binding.
* An amount of 1’000 Swiss Francs is due if I withdraw from the course after I have received a confirmation to be accepted in the course.
* If courses are not attended, there is no entitlement to a refund or waiver of course fees.
* It is up to the individual participants to take out cancellation insurance.
* The Jurisdiction for disputes arising from the contractual relationship resulting from the signing of this registration form is 3000 Bern. Swiss law applies.
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| **Registration** |
| * I register for the CAS in Clinical Research.
* I understand that reservation of a place in the course of study requires definitive confirmation of enrolment.
* I will owe the University of Bern the program fee of 9’600.- CHF (payment is possible in three payments of 3’200.-CHF each, transferred within 30 days of receipt of the bill, first payment due before start of CAS )
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| Location and date:Click or tap here to enter text.Signature: |