

DAS in Management of Clinical Trials – Good Clinical Practice Implementation and Quality Processes

September 2024 – May 2025

ADDITIONAL DOCUMENTATION REQUIRED

- Curriculum vitae
- Copies of relevant university degrees
- Two reference letters
- Copy of your identity document
- Covering letter
- A passport photo
- A written authorization from the employer

FULL FILE to be returned with handwritten signature before June 30 2024 for the Diploma/one month prior to the beginning of the selected module to:

Camille ARNI, Administrative coordinator
 Department of Anaesthesiology, Pharmacology, Intensive Care and Emergency Medicine
 Faculty of Medicine, University of Geneva
 CMU, Building A
 Rue Michel-Servet 1, CH-1211 Geneva 4
das-mas-clinical@unige.ch

The information provided will be treated in the strictest confidence in accordance with data protection legislation.

Personal data

Please complete in block capitals

Ms./Mrs. Mr.
 Surname/Family name: Maiden name:
 First name: Middle name:
 Date of birth (day/month/year):
 Occupation:
 Swiss nationality: yes no Canton: Nationality(ies):

MAILING ADDRESS: personal business **BILLING ADDRESS:** personal business
(tick one box only)

BUSINESS CONTACT DETAILS

Company/Institution:
 Address:
 Post code/City/Country:
 Telephone:
 E-mail:

PERSONAL CONTACT DETAILS

Address:
 Post code/City/Country:
 Telephone:
 E-mail:

AVS

Since 2011, the enrolment number for students at Swiss universities is based on the AVS number.

AVS number: . . .

If you do not have an AVS number (Swiss social security system), you will be allocated one by the University of Geneva. Please provide the following information in the event that your identification data (Last name, first name, date of birth) is not unique in the Swiss information system:

Country of birth: City of birth:
 Surname/Family name of your father: First name of your father:
 Surname/Family name of your mother: First name of your mother:

Curriculum

PREVIOUS UNIVERSITY EDUCATION

Have you enrolled previously in a Swiss higher education institution? yes no

Swiss enrolment number (SIUS) - -

If you are not able to provide your enrolment number, please give the name of the last higher education institution you attended in Switzerland. This will enable us to retrieve your enrolment number:

END OF STUDY LEVEL

- Federal Certificate of Competence (CFC)
- Vocational school-leaving certificate
- General school-leaving certificate / Baccalaureate (secondary)
- Bachelor/Master from University of Applied Sciences / University of Teacher Education
- Bachelor/Master/Doctorate from University or Federal Institute of Technology
- Other:

HIGHEST UNIVERSITY QUALIFICATION OBTAINED

University:

Country:

City:

Degree (type of certificate): Bachelor Master Postgraduate Certificate PhD

Full title of qualification:

Start year: Year of completion:

Number of semesters: Number of ECTS credits earned:

Complementary information

HOW DID YOU FIND OUT ABOUT THIS COURSE? (tick all that apply)

- Personal recommendation
- My company
- Education/careers adviser
- Newspaper advertisement => state which:
- University of Geneva brochure / Prospectus / Poster / Continuing education course catalogue
- University of Geneva continuing education website www.unige.ch/formcont
- Another website => state which:
- Direct enquiry to the University of Geneva
- E-mail advertising the course
- At a trade fair or show (e.g. Salon RH, Salon de l'étudiant) => state which:
- Other:

OTHER EXPERIENCE OF CONTINUING EDUCATION OVER THE LAST TWO YEARS

Please include all types of education and training, including seminars, symposia, conferences, debates, etc

- No other experience of continuing education
- Number of courses of one day or less (<8 hours):
- Number of courses of more than one day (> 8 hours):
- Number of award-bearing courses (Certificate/Diploma/Master of Advanced Studies, etc.):

Complementary information

EMPLOYMENT

Are you currently in employment?

- Yes, full-time
- Yes, part-time => Percentage worked: %
- No => because you are:
 - Seeking employment
 - On training leave
 - Retired
 - Other, please specify :

If you are not currently in employment, please complete the section below based on the last position in which you were employed.

Role (job title):

Level

- Self-employed
- Senior manager
- Middle manager
- Employee

Sector

- Self-employed business
- Public administration or similar
- Association
- Private company
- NGO
- European organisation
- International organisation

Size of company

- 1 employee
- 51 to 100 employees
- 2 to 10 employees
- 101 to 500 employees
- 11 to 50 employees
- 501 to 1000 employees
- over 1,000 employees

Comments:

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Registration

I would like to enrol in the:

- DAS in **MANAGEMENT OF CLINICAL TRIALS – GOOD CLINICAL PRACTICE IMPLEMENTATION AND QUALITY PROCESSES (9 MODULES)** and agree to pay the sum of CHF 9,000.- on receipt of confirmation of my registration.

I would like to attend the following module(s):

- Module 2
- Module 3
- Module 4A
- Module 5
- Module 7
- Module 8
- Module 10A optional
- Module 10B optional
- Module 11
- Module 12

and agree to pay the due amount on receipt of confirmation of my registration
 (1-day-module: CHF 1,000.- / 2-day-module: CHF 1,400.- / 3-day-module: CHF 1,800.-)

CANCELLATION CONDITIONS

Any withdrawal before the start of the programme will incur an administration fee of CHF 500.-. Fees will be payable in full once the course has begun.

The information provided will be treated in the strictest confidence in accordance with data protection legislation.
 Incomplete applications will not be considered.
 By signing this form, you confirm that the information you have given is correct and complete.

Date: _____ Handwritten Signature: _____