

### CAS in IoT Networks and Standards

#### ADDITIONAL DOCUMENTATION REQUIRED

- Curriculum vitae  A copy of identity document  A passport photo  
 Copies of relevant university degrees  A covering letter

#### COMPLETED FILE

to be returned by the end of September 2017 to:

Prof. Dimitri Konstantas  
CUI, University of Geneva  
7 route de Drize – 1227 Carouge  
E-mail: dimitri.konstantas@unige.ch

The data will be handled with strict confidentiality 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**  
(tick one box only)  personal  business

#### BUSINESS CONTACT DETAILS

Company/Institution: .....

Address: .....

Post code/City/Country: .....

Tel: ..... Fax: .....

E-mail: .....

#### PERSONAL CONTACT DETAILS

Address: .....

Post code/City/Country: .....

Tel: ..... Fax: .....

E-mail: .....

#### AVS

Since 2011, the enrolment number for swiss university students is based on the AVS ID number.

ID number AVS:

If you do not have an AVS number (Swiss social system), University of Geneva will get one for you. Thank you to fill in the following information in case your identification data (Surname, first name, date of birth) is not unique in the Swiss information system:

Surname/Family name of your father: ..... First name of your father: .....

Surname/Family name of your mother: ..... First name of your mother: .....

**Curriculum**

**PRIOR UNIVERSITY STUDIES**

Were you previously enrolled 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 a University of Applied Sciences / University of Teacher Education
- Bachelor/Master/Doctorate from a University or Federal Institute of Technology
- Other : .....

**HIGHEST UNIVERSITY LEVEL OF QUALIFICATION OBTAINED**

University: .....

Country: .....

City: .....

Degree (type of certificate):  Bachelor  Master  Complementary Certificate  Ph D

Full title of qualification: .....

From (year begun): ..... To (year completed) : .....

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/career 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](http://www.unige.ch/formcont)
- Other 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'Etudiant) => 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 have no occupation at present, please fill in the items hereunder referring to your previous occupation.*

Role (job title): .....

- Level**
- Self-employed
  Senior manager
  Middle manager
  Employee

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

- Size of company**
- 1 person
  2 to 10 persons
  11 to 50 persons  
 51 to 100 persons
  101 to 500 persons
  501 to 1000 persons
  over 1,000 persons

The following three questions are optional. They provide useful information on our students' status. The data are kept confidential and are strictly used for statistical purposes.

Birth place (country, canton if Switzerland, dept if in France): .....

Civil status:  single  married  civil partner  divorced  separated  widowed  other

Number of child(ren) : .....

Comments: .....

**Registration**

I would like to enroll for the:

- CAS IN IOT NETWORKS AND STANDARDS  
 and agree to pay the sum of CHF 5,000.- on receipt of confirmation of my registration.

**CANCELLATION CONDITIONS**

Any withdrawal before the start of the programme will incur an administration fee of CHF 400.-. Fees will be payable in full once the course has begun.

The data will be handled with strict confidentiality in accordance with data protection legislation. Incomplete applications will not be considered. By signing and dating this form, the applicant certifies that the information supplied is correct and complete.

Date: .....Signature: .....