

Application Form for the Certificate of Advanced Studies HES-SO Clinical Affairs, Regulatory and Quality for Medical Devices and In-Vitro Diagnostic

Personal information

Gender

Name :

Surname :

Date of birth :

Place of origin (*country for foreigners*) :

Your AVS number (13 numbers) :

Mrs.

Mr.

Billing address * :

Private **Professional**

Company:

Position:

Address 1:

ZIP code, city:

Email:

Home Telephone :

Mobile phone :

The accounting department of the Continuing Education Center HEIG-VD (C-FC) issues up to 3 reminders free of charge, followed by a summons before the debtor is prosecuted, and charged CHF 100.- for administrative costs.

* The course participant is personally responsible for paying the course / registration fees. If the course / registration fees are covered by a third party, the C-FC accounting department of the HEIG-VD will issue the invoice to the third party's address only upon receipt of a **certificate of financial support specifying the amount**, duly drawn up and signed by the entity in question.

Basic Level of Education

| Type | Designation (Degree Title?) | School name, location | Home ** | Year of graduation |
|---|-----------------------------|-----------------------|----------------------|----------------------|
| CFC (Federal Certificate of Competence) : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Vocational Baccalaureate Certificate : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Baccalaureate School Certificate : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign diploma : | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

** Please indicate your place of residence at the time of graduation.

Degree (s) in higher education obtained

| Qualification Type | Designation (Qualification Title ?) | School name, location | Year of graduation |
|---|-------------------------------------|-----------------------|----------------------|
| Swiss Bachelor's degree or foreign : | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign bachelor's degree or equivalent | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Swiss Master or equivalent : | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Foreign master's degree or equivalent : | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Federal certificate, diploma or master's degree : | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Others : | <input type="text"/> | <input type="text"/> | <input type="text"/> |

If you have already been registered in an HES / UNI / EPF , please indicate **your registration number** :

SIUS domicile (place of residence at the time of obtaining the title allowing access to an Haute Ecole) :

Professional Experience

Reversed chronological order e

| Business | Location | Position | from | to |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Secrétariat du Centre Formation Continue HEIG-VD

Avenue des Sports 20 Tél. +41 24 557 64 14
 Case postale www.postformation.ch
 1401 Yverdon-les-Bains formationcontinue@heig-vd.ch

Application Form for the Certificate of Advanced Studies HES-SO Clinical Affairs, Regulatory and Quality for Medical Devices and In-Vitro Diagnostic

Name :
Surname :

Application Form to be returned signed to :

HEIG-VD - University of Engineering and
Management of the Canton of Vaud
Center St-Roch - Secretariat Center FC
Avenue des Sports 20, CP
CH - 1401 Yverdon-les-Bains

I (the undersigned) request **my enrolment** for the above-mentioned course under the following conditions :

| register to : | DESIGNATION (Course Fees?) | BEGINNING | DURATION | ECTS | PRICE CHF |
|-------------------------------------|--|--|----------|------|-----------|
| <input checked="" type="checkbox"/> | Price of the course (registration fees and course fees, including supervision and monitoring of personal work) | September 2022 Fridays and some Saturdays | 35 days | 12 | 7'000.- |
| | The registration fee is calculated at 10% of the price of the course and in case of waiver by the candidate, this amount will be collected by the HEIG-VD. | | | | 700.- |

Excerpt from the conditions:

The announced program is subject to change, or even cancelled if the number of participants is not reached. In the latter case, the candidate waives the guarantees provided for by the Code of Obligations, i.e. the redhibitory action, the action for price reduction and the action for damages.

In the event of **cancellation** up to 30 days before the start of the course, the amount paid will be refunded, with the exception of the registration fee which will be charged as a cancellation fee. If the cancellation occurs later, before the start of the course or once the course has started, the full tuition fee is due. In such a situation, the student has the possibility to re-register for the missing module(s) with a subsequent class at no additional cost. The registration fee is not refunded under any circumstances.

I declare that I have read and accept the following documents :

- Course description (course brochure) Schedule and Fees
 Rules applicable in case of withdrawal (see above)

I enclose the following documents with my application :

- This application form personal ID picture on photo paper
 A covering letter Copy of a valid ID
 A curriculum Vitae Copies of diplomas/degrees
 Copies of work certificates Copy of the AVS card

By signing, the candidate confirms having read, understood and accepted the course regulations.

By signing, the person in charge of the administration of the program, confirms your acceptance to the course according to the above-mentioned conditions and appendices.

By submitting this application, I authorize the HES-SO (or the university) to request additional information from the schools I have previously attended in order to process my application and I authorize the latter to provide information about me.

Please note: any erroneous information or submission of falsified documents may lead to the definitive refusal of admission, cancellation of registration, or exclusion from the HEIG-VD.

Date and signature of the applicant

Date and signature of the administrative manager of the course

Date and signature of employer (if necessary)

Date and signature of the Dean of the HEIG-VD Continuing Education Centre

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