



Registration CAS Transnational Healthcare Management MiG

Personal details

Mr.

Mrs.

Dr. / PhD / Prof./ or other

First Name

Last Name

Date of birth

Business address

Employer

Street / Post Code / Place

Country

Business phone number

Business email address



Home address

Street / Postcode / Place

Country

Private phone number

Private email address

Postal delivery address for documents

Private address

Street / Postcode / Place

Business address

Country

Invoice address

Company

First name

Last name

Street / Postcode / Place

Country

Registration:

**I am definitely registering for the continuing education course CAS Transnational
Healthcare Management MiG:**

Signature:

Place/Date



Profession / Professional position

Profession

Professional position

Total employment level

Main and secondary employment

Management function (main employment)

a) What is your current function?

b) How long have you held this position? Years

c) What formal or effective decision-making powers do you have? (Key words)

d) How many employees report directly to you?

e) Approximately how many employees are reporting to you in total (directly and indirectly)?

f) Approximate number of employees in your institution or company?

General

g) Through which university or organization did you hear about the CAS Transnational Healthcare Management study programme?



Language skills

Native language

Active knowledge of

Passive knowledge of

Enclosures:

Please submit a current CV in addition to this completed registration form.

Please send the registration by mail or post to:

Postal delivery address:

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Gesundheitswesen

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