



## 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:**

**Zentrum für Gesundheitsrecht und Management im**

**Gesundheitswesen**

**Universität Bern**

**Hochschulstrasse 6**

**CH-3012 Bern**

**Email address: [info-mig@rw.unibe.ch](mailto:info-mig@rw.unibe.ch)**