



Application form
RIMS Fellowship Exchange Program (RIMS RFEP)

Full name: _____

Occupation: _____

Centre: _____

Mailing Address:

Country: _____

Email: _____

The centre I wish to visit:

The time I wish to visit: _____
The goal of the visit:

You or your centre have been RIMS member since _____

Do you belong to any of the RIMS SIG groups? If yes, which _____

What is your native language? _____

Are you able to speak English? Yes No

Please, add your short CV and also additional recommendations if you have them.

Return this form to RIMS Executive Board, President Eija Luoto, Masku Neurological Rehabilitation Centre, PO, Box 15, 21251 Masku, Finland