# RIMS Fellowship Exchange Programme (RFEP)

# Receiving Centre FORM

With this letter, your centre confirms to be interested in receiving professionals from other MS centres, and provides information on the centre.

## Your centre agrees to host following health care professional (if already known):

name of visiting fellow :

period:

## Your centre:

name of the centre:

name of contact person:

address:

country:

email address:

website:

phone number:

RIMS membership number[[1]](#footnote-1):

## Information about your centre

Is your centre specialized only for people with MS? Yes No

If not, please indicate the % of patients with MS in the total clientele: %

Is it a -short stay centre?

-long stay centre?

-outpatients centre?

Which areas does your centre cover? -Diagnosis

-Immunomodulating treatment

-Rehabilitation

-Research in MS

-Fundraising programmes

Is the centre associated with an academic institution? Yes No

If yes, name of the academic institution:

## Staff

How many professionals are directly involved in MS patients’ health care in your centre?

Please indicate the number of professionals non-directly involved in MS patients’ care (e.g. related to research, fundraising, administration/management etc):

The multidisciplinary team is composed of:

|  |  |
| --- | --- |
| **Discipline** | **Number**  **in your team** |
| Medical doctor |  |
| Psychologist |  |
| Neuropsychologist |  |
| Social worker |  |
| Physical therapist |  |
| Nurse |  |
| Speech therapist |  |
| Arts and crafts therapist |  |
| Nutritionist |  |
| Occupational therapist |  |
| Urologist |  |
| Adapted sports trainer |  |
| Alternative therapists |  |
| Others: |  |

First language(s) used in the centre:

Second language(s) used in the centre:

Is the staff able to speak English? Yes No

Most of them: Yes No

If only some, which professionals:

Do you have anyone in your centre who could “ tutor” the fellow? Yes No

If yes, what is the profession of the possible willing tutor/tutors:

## Organisation and expertise of your centre

Clinical practice and research:

-Is your centre more involved in clinical practice than in research? Yes No

-Is your centre more involved in research than in clinical practice? Yes No

-In both equally:

-Please provide details of research programmes (expertise, past and current programmes):

-Is your centre a pioneer in any technical appliances or in specific therapies (in any of the disciplines)? Yes No

If yes, in what domain?

Does your centre highlight any special multidisciplinary therapeutic management/ approach in any field of MS?

Other comments you would like to share about your centre:

## **Practical questions regarding receiving visitors with the RFEP**

Can you offer accommodation in your centre? Yes No

If yes, would it be free? Yes No

If not, what would be the approximate cost per night (in euro, €)?

Can you give a rough estimate of the cost of a hotel near the centre (in euro, €)?

If public transport is necessary, could you give the approximate cost per day to reach the centre?

Would someone of your staff offer the fellow a drive to the centre and back to the hotel? Yes No

Is it possible to have meals at the centre? Yes No

If so, what would the cost be approximately (in euro, €)?

Breakfast? €

Lunch? €

Dinner? €

Name Contact person:

Date:

Signature:

Thank you so much for your hospitality!

Please return this form to:

RIMS Executive Board, President Peter Feys, [peter.feys@uhasselt.be](mailto:peter.feys@uhasselt.be)

Uhasselt, Agoralaan Gebouw A, 3590 Diepenbeek, Belgium.

1. RIMS membership is obligatory for the fellowship exchange programme [↑](#footnote-ref-1)