**Application form for the Mentor site**

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| **General information** | |
| **CTN site:**  **Director:**  Email address:  Telephone number:  Address of CF Centre:        **Person in charge of the Twinning project** if different from Director:  Email address:  Telephone number: | |
| **Description of centre**  **Number of patients:**  Not counting the transplanted patients:  Number of adults (≥ 18 years old) followed at your site:  Number of children (≤ 17 years old) followed at your site:  Number of transplanted patients:  Number of transplanted adults (≥ 18 years old) followed at your site:  Number of transplanted children (≤ 17 years old) followed at your site:  **Multidisciplinary Team**   |  |  | | --- | --- | | CF-dedicated resources | Staff names and full-time equivalent dedicated to CF for each of them | | Consultants (MD and specialty) |  | | Specialist nurses |  | | Physiotherapists |  | | Dietitians |  | | Psychologists |  | | Social workers |  | | Pharmacists |  | | Secretarial support |  | | |
| In which area(s) do you think your centre has the most expertise or could be of special help for another site to improve their practices? |  |

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| Do you have previous experience with this type of project? If yes, with which CF centre? What were the outcomes? |  |

Date Signature