**Application form for the Mentor site**

|  |
| --- |
| **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? |  |

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

Date Signature