



## **Application form**

### **RIMS Fellowship Exchange Program (RIMS RFEP)**

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Full name:

Occupation:

Centre:

Postal 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

☐

Add:

- 1) your short CV
- 2) Fellowship Questionnaire Receiving Center
- 3) additional recommendations if you have them.

Return this form to RIMS Executive Board, [secretariat@eurims.org](mailto:secretariat@eurims.org)