

Application form for the ParkinsonNet training in March/April 2022

Name: _____

First name: _____

Profession: _____

Email address: _____

Education and degree:

PD / neurology related trainings (formations):

Work experience / former workplaces:

Current work place (please indicate in % for each working place how much of your working time you spend in your different working environments):

- Practice ___% Hospital ___% Nursing home ___%
 Rehabilitation centre ___% Others _____ %

Do you do home visits? Yes No

Workplace address(es):

How many PwPD do you treat per year?

0 1-5 5-10 >10

Fill in the next question only if you checked „0“ in the previous question:

Do you plan to treat PwPD in the future?

Yes No

Which languages do you speak?

Explain in a few sentences your motivation to join ParkinsonNet Luxembourg:

Please send this form to:

by mail:

or

by email

ParkinsonNet Luxembourg
Université du Luxembourg
Luxembourg Centre for Systems Biomedicine
Biotech II 0.05
6, avenue du Swing
L- 4367 Belvaux

anne.kaysen@parkinsonnet.lu

For further information or if you have any questions, please contact the ParkinsonNet Luxembourg team.

Email: anne.kaysen@parkinsonnet.lu ; Tel: +352 4411 6635