

RACP Education Development Grant Progress / Final Report

RACP Education Development Grant Progress / Final Report

* indicates a required field

You must complete and submit this form once you have completed your project / program or your award period, as required in the funding terms and conditions. If you fail to do so, this may affect your eligibility for further grants from the RACP Foundation.

If you have a Chief Investigator or Supervisor involved in your project / program, ensure that they have reviewed the contents of this report prior to submitting. You are also required to provide their names and contact details so that we can verify that they have reviewed this report.

Other requirements you need to submit at the end of your award include:

- A letter addressed to the Committee / donor supporting your award. Please upload the letter in the last section of this form.
- A statement of expenditure if you've received the funding directly (i.e. not through your administering institution). A separate form is assigned to you to complete if this is required.

Note: This report will be published on the RACP website, please do not include confidential information. Your personal details or your Supervisor's details will not be included in the information made available to the public.

Recipient name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Program

This field is read only.

Award Received

This question is read only.

Project Title

This question is read only.

Total Amount Allocated

This field is read only.

Project start date

Must be a date.

Project end date

Must be a date.

RACP Education Development Grant Progress / Final Report

Institution where program or project was undertaken *

Organisation Name

Report date *

Must be a date.

Which report are you submitting?

- Progress Report
 Final Report

Project/Program Summary

Lay Summary: Provide a brief, plain English summary of your Project suitable for media release. *

Project aims / objectives: State the aims and objectives and how they were/are being achieved. *

Outcomes

Research conducted to date: provide a brief summary of methodology, trials, experimental procedures etc. *

Significance and outcomes: State significance, for your field and medicine in general, and outcomes of the project/program. *

Additional advice and comments: List any items of interest which have arisen as a result of the project/program, such as presentations or other outcomes. *

Has your project / program already finished / completed?

Yes

No

Completion date of project / program *

Must be a date.

Provide anticipated completion date if this is still in the

Provide the anticipated completion date if your project / program has not been completed yet. Note that we may request for additional updates after the completion of your project / program.

Acknowledgement of your award

Examples of preferred acknowledgement in the format:

- [Title] [Surname] was supported by a [Award Name] from the RACP Foundation

- This work was supported by a [Award Name] from the RACP Foundation

Provide details of any acknowledgement of the RACP Foundation as a funder of your project/program *

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Please provide details below.

Upload files

Attach a file:

and/or

Provide web link

Must be a URL.

Certification

I certify that the information supplied in this report is true and correct. I consent to enquiries made by the Royal Australasian College of Physicians to verify this information with any institution or individual. *

Yes

No

Signed *

Title

First Name

Last Name

Certification Date

Must be a date.

Chief Investigator / Supervisor Certification (where applicable)

The project/program was undertaken under the supervision of a Chief Investigator / Supervisor

Yes

No

I certify that this report has been reviewed by the Chief Investigator / Supervisor and is believed to be a true and correct version of the research undertaken during this period. The Chief Investigator / Supervisor consents to be contacted by the Royal Australasian College of Physicians to verify this. *

Yes

No

Chief Investigator / Supervisor *

Title

First Name

Last Name

Position

Email *

Must be an email address.

Letter of appreciation

Upload a letter addressed to the Committee / donor supporting your award *

Attach a file:

SAMPLE

RACP Education Development Grant - Statement of Expenditure

RACP Education Development Grant - Statement of Expenditure

* indicates a required field

This form is to be completed by the award recipient for funds which were received via direct deposit from the RACP.

Recipient Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Program

This field is read only.

Award Received

This question is read only.

Project Title

This question is read only.

Total Amount Allocated

\$

This field is read only.

Project start date

This question is read only.

Project end date

This question is read only.

Report date *

Must be a date.

Expenditure

Please itemise (*generally*) the expenditure of award funds. (*E.g. travel, project support, stipend etc.*)

RACP Education Development Grant - Statement of Expenditure

Expenditure	\$
	\$

Total Expenditure Amount

\$

This number/amount is calculated.

Remaining balance

\$

This number/amount is calculated.

Receipts are not required, however full details should be provided below for audit purposes for yourself and the RACP Foundation.

Certification

I certify that the above statement accurately summarises the financial expenditure of the RACP Award I received. *

Yes No

Signed *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Certification Date *