**Grant: Final Report**

A final report must be submitted to the RANZCP within three months of the completion of the project. Please complete and return to [foundation@ranzcp.org](mailto:foundation@ranzcp.org).

**Your details**

|  |  |
| --- | --- |
| **Name** |  |
| **Host institution** |  |
| **Award received (name & year)** |  |
| **Project title** |  |
| **Start date** |  |
| **Completion date** |  |

**Research**

|  |  |
| --- | --- |
| **Results**  Describe the results obtained.  300 words or less. |  |
| **Significance**  In lay terms describe the problem your research sought to address, how the outcomes address this problem, and the significance of the outcomes.  300 words or less. |  |

|  |  |
| --- | --- |
| **Benefit**  How has the grant helped your research career?  300 words or less. |  |
| **Publications**  Include details of any conference presentations, publications or press arising from this research. |  |
| **Other comments** | Optional |

### Images

If possible, we would be grateful if you could provide images from the project (e.g., photos of you or your team undertaking research or research participants) to accompany your summary.

These may be used to further illustrate your research in publications and promotional materials.

For images containing other people, please secure their written consent for RANZCP to use their image in the Foundation Annual Review and promotional materials.

Images attached - r Yes r No

### Grant expenditure

Details of all expenditure incurred using RANZCP Foundation funding.

| **Expenditure Item** | **Approved Budget \*** | **Total actual expenditure** | **Comments**  Explain any differences between the budgeted and actual expenditure |
| --- | --- | --- | --- |
| Salary / stipend | $ | $ |  |
| Other Research Costs |  |  |  |
|  |  |  |  |
| **TOTAL** |  |  |  |

\*Acquittal - r $ AUD r $ NZ

**Declaration**

|  |  |
| --- | --- |
| *In providing this report to the RANZCP Foundation I confirm that all the information and attachments provided are complete and accurate.* | |
| **Signature** |  |
| **Date** |  |

**Supervisor’s Report – if applicable**

If you have a Chief Investigator or Supervisor involved in your project / program, ensure that they have reviewed and completed this report prior to submitting.

This project was taken under supervision of a Chief Investigator/ Supervisor r Yes r No

|  |  |
| --- | --- |
| *In providing this report to the RANZCP Foundation I confirm that all the information and attachments provided are complete and accurate.* | |
| Supervisor Name |  |
| Email |  |
| Supervisor’s assessment (max. 200 words). |  |
| Supervisor signature |  |
| Date of declaration |  |

Return to: [Foundation@ranzcp.org](mailto:Foundation@ranzcp.org)