**NEPHROLOGY RESEARCH PROJECT COVER SHEET**

The cover sheet must complete and attached to the front of one copy of your research project submitted for review.

**Submit via email to** [**Nephrology@racp.edu.au**](mailto:Nephrology@racp.edu.au) **(Australia) or** [**Nephrology@racp.org.nz**](mailto:Nephrology@racp.org.nz) **(Aotearoa New Zealand)**

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| **Trainee’s name:** |  |
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| **Training setting:** |  |
|  |  |
| **Supervisor’s name:** |  |
|  |  |
| **Date submitted:** | /       / |
|  |  |
| **Project report year:** |  |

**Trainees who commenced Advanced Training in Nephrology in 2017 onwards:**

* 1 x RACP Advanced Training Research Project (cover sheet available online in the Nephrology Advanced Training handbook)
* 1 x Nephrology Research Project (Category 2)

**Trainees who commenced Advanced Training in Nephrology before 2017:**

* 1 x Nephrology Research Project (Category 1)
* 1 x Nephrology Research Project (Category 2)

Refer to the Advanced Training in Nephrology program requirements for further details.

**Category 1**

Clinical, Laboratory or Field Renal Research

Audit/QA

Systematic Review

Cochrane-style Literature Review\*

**Category 2**

Renal Case Report

Progress Report on substantial original work-in-progress for a higher degree

A Narrative Review

Cochrane-Style Literature Review

An Abstract from a Paper presented at an ANZSN, TSANZ or International Nephrology,

Dialysis or Transplant Meeting(must include poster and presentation PowerPoint slides)

A Research Outline (if presented in an NHMRC-style research proposal format, or similar to a PhD research proposal - suitable for one project submission)

A second Clinical, Laboratory or Field Research Report

A second Audit/QA

A second Systematic Review

A Book Chapter

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| --- | --- | --- | --- |
| **Title of project:** | |  | |
|  | | | |
| **Percentage contribution by trainee:** | | % | |
|  | | | |
| **Percentage performed by other:contributors:** | | % | |

**Was this project presented to the Australian and New Society in Nephrology (ANZSN) or Transplantation Society of Australia and New Zealand (TSANZ) or other accepted national or international meeting if yes Please specify which meeting?**

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**Title of previous projects and year of Advanced Training attributed to the project:**

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|  |  |

**Supervisor’s signature**:       **Date:**      /      /

**Trainee declaration**

Tick to indicate that you understand the following statements.

I declare that:

this assessment is my own original work, except where I have appropriately cited the

original source.

this assessment has not been previously submitted for assessment in this or any other

context.

If the assessment has been previously submitted, please note the details below:

|  |
| --- |
|  |

this assessment complies with the College’s [Academic Integrity in Training](https://www.racp.edu.au/docs/default-source/default-document-library/academic-integrity-in-training-policy.pdf?sfvrsn=6) policy

For the purposes of assessment, I give the assessor of this assignment permission to:

reproduce this assessment for marking purposes, and

take steps to authenticate the assessment, including communicating a copy of this assessment to a checking service (which may retain a copy on its database for future plagiarism checking).

**Trainee’s signature:**       **Date of submission:**      /      /