**FINAL REPORT**

**Study Grants / Travel Grants**

*Please note: this report will be published on the RACP website,
please do not include confidential information.*

|  |  |
| --- | --- |
| **Name** |  |
| **Award Received** |  |
| **Report Date** |  |
| **Project Title** |  |
| **Funding Period** | Start Date: |
| Finish Date: |

|  |  |
| --- | --- |
| **Lay Summary:**Please provide a brief, plain English summary of your Project suitable for media release. |  |
| **Project Aims/Objectives:**Please state the aims and objectives and how they were/are being achieved. |  |
| **Significance and Outcomes:**Please state significance, for your field and medicine in general, and outcomes of the program or project. |  |
| **Additional Advice and Comments:**Please list any items of interest which have arisen as a result of the project, such as presentations or other outcomes. |  |
| **Acknowledgements** |  |

**Award Recipient Signature:**

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.

**Signature:**

**Chief Investigator / Supervisor Signature (where applicable):**

**I**, ­­ **of the**

 *(Supervisor)*  (Name of institution where program or project was undertaken)

I have read this report and believe it to be a true and correct version of the research undertaken during this period.

**Signature:**

**Please submit completed and signed report to:
 RACP Foundation**

**Senior Administration Officer -** **foundation@racp.edu.au**

**Statement of Expenditure**

**Study Grants / Travel Grants**

*This form is to be completed by the award recipient for funds*

*which were received via a direct deposit from the RACP.*

|  |  |
| --- | --- |
| **Recipient Name:** |  |
| **Award Received:** |  | Award Year:  |
| **Project/Program Title:** |  |
| **Value of Award** | Amount: | Date Received: |
| **Expenditure** |
| Please itemise *(generally)* the expenditure of award funds.*(E.g. travel, project support, stipend etc.)* |  |
| **Total Expenditure** |  |
| **Remaining Balance** | Amount: | Date: |

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

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

Signature: Date:

**Please submit completed and signed report to:
 RACP Foundation**

**Senior Administration Officer -** **foundation@racp.edu.au**