

PAEDIATRICS AND CHILD HEALTH DIVISION

COVERING PAGE FOR SUBMISSION OF TRAINEE PROJECTS FOR ADVANCED TRAINING IN PAEDIATRICS

This page <u>must</u> be completed and attached to the front of the <u>original version</u> of each project submitted to the College for review.

Name:	
Training site & state/country:	
Name of project supervisor & qualification(s):	
Title of project*:	
*If this project is a resubmission, please indicate "Resubmission" in the project title.	
Date submitted:	1 1
ATC to which the project applies:	
Year to which the project applies:	
Word count:	words
Trainee declaration By signing below you indicate that you understand the following statements:	Trainee Declaration Please 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 Honesty and Plagiarism 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).
Signature of trainee: I have discussed the project with my supervisor and have read and understood the above declaration	Date: / / Signature