

Upload the complete and fully signed form with the relevant report.

### Grant and Reporting Details

Project Title:

THRF ID:

Report Type *(select one)*:

Progress report

Completion report

Follow-up report

### Chief Investigator A/Project Leader Endorsement

Chief Investigator A/Project Leader Name:

Position:

#### Certification (please tick):

I certify the contents of this report as accurate and complete.

I understand that the original project plan forms part of the funding agreement for this project, and confirm that I will/have discuss/ed any changes to the project plan with the Administering Institution to determine if a formal variation to that agreement is required.

Signature:

Date:

### Administering Institution Certification by CEO/DVCR (or their authorised delegate)

***Reports will only be accepted if appropriately certified by an authorised delegate of the Administering Institution.***

For research grants administered by a university or Local Health Network, certification can be arranged via their Research Office. For other organisations and non-research activities, the signatory to the grant funding agreement with THRF Group usually has the appropriate delegation to certify project reports. If further advice is needed, please contact [grants@hospitalresearch.org.au](mailto:grants@hospitalresearch.org.au)

Administering Institution:

Authorised Delegate Name:

Authorised Delegate Position:

#### Certification (please tick):

On behalf of the Administering Institution, I certify that this report is accurate and complete, and approve its submission to THRF Group.

Signature:

Date: