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### Scholarship and Reporting Details

Student Name:

Project Title:

THRF ID:

Report Type *(select one)*:

Progress report

Completion report

Follow-up report

### Principal Supervisor Endorsement

Principal Supervisor Name:

Position:

#### Certification (please tick):

As Principal Supervisor, I am satisfied the Report is accurate and complete,  
and I endorse its submission.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

Depending on the institution, certification may be arranged by contacting either the Research Office or the area responsible for graduate research at the enrolling university. 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: \_\_\_\_\_