

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 savelives@hospitalresearch.com.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: