**Reporting period:**

1 January – 31 December

**Due date:**

30 April (of the year following the reporting period)

**Instructions for submitting Progress Reports:**

Progress reports should be submitted electronically to

[ResearchGrants@cancerqld.org.au](mailto:ResearchGrants@cancerqld.org.au)

Reports must be submitted as a PDF document.

Electronic signatures are acceptable.

**Contact:**

Research Grants Officer

Phone: (07) 3634 5309

Fax: (07) 3259 8527

Email: [ResearchGrants@cancerqld.org.au](mailto:ResearchGrants@cancerqld.org.au)

**SECTION 1 - Administration details**

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| **Administering Institution:** |  |
| **Grant ID:** |  |
| **Chief Investigator A:** |  |
| **Title of Research Project:** |  |

**Contact details for Chief Investigator (or project spokesperson if different)**

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| --- | --- |
| **Name:** |  |
| **Institution:** |  |
| **Phone:** |  |
| **Email:** |  |

**SECTION 2 - Progress against the research aims**

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| **2.1 Please state your research aims as outlined in your application.** |
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| * 1. **Have the aims outlined in your application changed since funding was awarded for the project?** | Yes  No |
| **If YES, please explain how and why the aims have changed**. | |
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| * 1. **Please outline what progress has been made towards achieving your stated aims.** |
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| **2.4 If there have been unforeseen delays in your project, please list them here and explain what steps have been put in place to rectify these delays.** |
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* 1. **Please provide a list of publications and presentations associated with this**

**research activity.**

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**SECTION 3 – Declaration**

This section should be signed by the CIA and the responsible officer or their delegate.

I declare that:

* The report accurately reflects the status of the funded project and that I understand that I am required to provide accurate information to CCQ; and
* Relevant Institutional Approvals have been maintained to date in accordance with the relevant CCQ Funding Agreement.

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| --- | --- |
| **Signature of Chief Investigator A:** | **Date:** |
| **Name of Responsible Officer or delegate:**  **Signature of Responsible Officer or delegate:** | **Date:** |