**Reporting period:**

1 January 2021 – 31 December 2021

**Due date:**

28 February 2022

**Instructions for submitting Progress Reports:**

Progress reports should be submitted electronically to

ResearchGrants@cancerqld.org.au

Reports must be submitted as a PDF document.

Electronic signatures are acceptable.

**Contact:**

Manager, Research Operations

Phone: (07) 3634 5393

Email: ResearchGrants@cancerqld.org.au

**SECTION 1 - Administration details**

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

**Contact details for Investigator A (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 outline what progress has been made towards achieving your research aims as outlined in your application (1-2 pages).**  |
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| **2.2 Please provide a brief statement on the progress of your research.**  **Please use language that the general public will understand. This information may be shared with donors and supporters.**  |
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| **2.3 If there have been delays in your stated timeline that will impact the successful conclusion of your research, please list them here and explain what steps have been put in place to rectify these delays.**  |
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**SECTION 3 – Reportable Achievements**

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| **3.1 Please provide a list of publications, grants, collaborations, Higher Degree Research (HDR) enrolments / completions, awards and presentations associated with the research aims supported by this grant.** |
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**SECTION 4 – Declaration**

This section should be signed by Investigator A and the Administering Institution’s 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 Investigator A:** | **Date:** |
| **Name of Responsible Officer or delegate:****Signature of Responsible Officer or delegate:** | **Date:** |