**Reporting period:**

1 January – 31 December Choose an item.

**Due date:** 28 February the year following the Reporting period

**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**

|  |  |
| --- | --- |
| **ACCR Grant ID:** | Click or tap here to enter text. |
| **Title of Research:** | Click or tap here to enter text. |
| **Investigator A:** | Click or tap here to enter text. |
| **Administering Institution:** | Click or tap here to enter text. |

**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).**  |
| Click or tap here to enter text. |

|  |
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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.**  |
| Click or tap here to enter text. |

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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.**  |
| Click or tap here to enter text. |

**SECTION 3 – Reportable Achievements**

|  |
| --- |
| **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.** |
| Click or tap here to enter text. |

**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.

|  |  |
| --- | --- |
| **Investigator A:**Click or tap here to enter text. | **Signature:** |
| **Date:** Click or tap to enter a date. |
| **Responsible officer or delegate:**Click or tap here to enter text. |  **Signature:** |
| **Date:** Click or tap to enter a date. |