**Reporting period:**

First Funding Year: Choose an item.

Final Funding Year: Choose an item.

**Due date:** 30 April following the Final Funding Year

**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 – Summary of research and results**

|  |
| --- |
| **2.1 Please explain the major results of this research, and its impact on improving cancer outcomes (1-2 pages).**  **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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| **2.2 Please advise the achievements of the research against its stated aims and your strategies for any aspects of the research that are incomplete.** |
| Click or tap here to enter text. |

**SECTION 3 – Reportable Achievements**

|  |
| --- |
| **3.1 Please provide a list of all 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. |

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| **3.2 Please provide any additional details not covered elsewhere in this report.** |
| 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. |