## Progress Report:Early Career Fellowship (ECF)Career Development Fellowship (CDF)

**Due:** **31 July annually**

### Section A – Project Identification

#### A.1 Project Information

|  |  |
| --- | --- |
| Grant ID No. |  |
| Project Title |  |
| Fellow Full Name |  |
| Fellow Email |  |
| ORCID (required) |  |
| Supervisor Full Name |  |
| Supervisor Email |  |
| Administering Institution |  |
| Facilitating Institution/Employing Institute |  |
| Funding Commencement Date |  |
| Funding End Date |  |
| Reporting Period |  |

### Section B – Project Summary, Progress and Achievements

B.1.1 Target populations

Please indicate if this Grant targets any of the following populations and/or communities.

|  |  |  |  |
| --- | --- | --- | --- |
| Population/ Community | Yes/No | Population/ Community | Yes/No |
| Aboriginal communities  |  | Children |  |
| Multicultural communities |  | Older people (65+ years) |  |
| Adolescents and young adults |  | People with a mental health condition   |  |
| Regional, rural, and remote communities  |  | Sexuality and gender diverse people (lesbian, gay, bisexual, transgender, intersex and queer people, known as LGBTIQ+ communities)  |  |
| People from lower socioeconomic backgrounds  |  | People who are engaged with the justice system.  |  |

B.1.2 Use of animals

Does this grant involve the use of animals?

[ ]  Yes [ ]  No

If yes, please provide further detail.

|  |
| --- |
|  |

#### B.2 Research progress and achievements

Please provide a **plain-English summary** of your research progress significant achievements in the past 12 months against the aims of your grant (approx. 800 words).

Consider the following: What new information have you generated? What discoveries have you made? How will this inform the next phase of your research? Have these findings been published yet?

Please note, the information you provide may be considered for promotional purposes to highlight your work on social media, on our website or in other public-facing media.

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### Section C – Risk Management

Describe any major challenges or delays to planned activities over the past 12 months and how you managed them or plan to manage them (500 words maximum).

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### Section D – Research Outputs

Use the Excel template provided to enter any research outputs, related to your Fellowship, from the last 12 months. Research outputs include publications, presentations, leveraged funding and initiation of clinical trials.

### Section F – Workforce

#### F.1 Full Time Equivalent (FTE) staff

Provide a summary of the FTE staff employed through this program over the last 12 months.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** |
| Researchers (include Post-doctoral, Research Fellows, Senior Scientists) |  |  |  |
| Clinicians/Clinical Fellows |  |  |  |
| Research support staff (include RAs, Project Officers, Technical staff) |  |  |  |
| Nurse/Data managers |  |  |  |
| Program/Research Managers |  |  |  |
| Other (please describe) |  |  |  |
| **Total FTE** |  |  |  |

#### F.2 Higher Degree Research Students

Provide the number of any higher degree research students who have been supported by the funded personnel.

|  |  |  |  |
| --- | --- | --- | --- |
| Type | NumberEnrolled | Number Completed | Number with Stipend or Scholarship from this program grant |
| PhD |  |  |  |
| Masters (Research) |  |  |  |
| Honours |  |  |  |
| Other (please describe)  |  |  |  |

Please provide additional information for the PhD students.

|  |  |  |  |
| --- | --- | --- | --- |
| PhD Student Full Name | ORCID  | PhD Commencement Date | PhD Completion Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Section G – Supervisor Comments (required)

The Fellow’s Supervisor to provide a commentary regarding the Fellow’s performance against their professional development and research objectives.

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### Section H – Attachments and additional information

List all documents that are included with this report.

|  |  |
| --- | --- |
| **Document types** | **Document name** |
| Letter of approval from Administering Institution |  |
| Research outputs spreadsheet |  |

### Section I – Certification

#### I.1 Certification by Fellow

I certify that this is an accurate report for the period covered.

|  |  |
| --- | --- |
| Fellows Name |  |
| Date |  |
| Signature |  |

#### I.2 Certification by Supervisor

I certify that this is an accurate report for the period covered.

|  |  |
| --- | --- |
| Supervisor Name |  |
| Date |  |
| Signature |  |