## Fellowship Final Report – ECF and CDF

**Due:** **3 months** **after the grant end date**

### Section A – Project Identification

#### A.1 Project Information

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

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

B.1.1 Target populations

Please indicate if this Fellowship targeted 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 Project Summary

Did this grant involve the use of animals?

[ ]  Yes [ ]  No

If yes, please provide further detail.

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B.1.3 Project Summary
Please include the original lay summary from your application.

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B.2 Research Plan
Please summarise your research plan and objectives as per the original application **(250 words max).**

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#### B.3 Research Progress against Stated Objectives

Were all the objectives of the grant met?

[ ]  Yes [ ]  No

B.4 Research progress and achievements
For the entire duration of the grant, please outline progress of your research against your stated research plan. If any objective of the grant was not met, please explain any difficulties that have affected the progress of your research.

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### Section C – Achievement and Impact

#### C.1 Research Achievements

Please describe in ***lay terms***, at least three of your most significant research achievements that have occurred as a result of this grant. These achievements should be written in language suitable for the general public and should outline what the problem was, what the research/grant achieved and why this is important. *(Insert tables as required)*

*Please note that this information may be made available to the general public on the Cancer Institute NSW website or any other materials for promotional purposes.*

|  |
| --- |
| **Description of Achievement (300 words max)** |
|  |
| **Please choose the categories that best describe the impact of this achievement:** |
| Increased the capacity to do further research |  |
| Produced new knowledge |  |
| Developed new diagnostic tools or new therapies |  |
| Informed policy or practice |  |
| Improved health outcomes or health systems |  |
| Other - please describe: |  |
| **Who will this achievement most directly impact? (Select all that apply)** |
| Patients/Families |  |
| Clinicians |  |
| Public/Communities |  |
| Other Researchers |  |
| Other - please describe: |  |

|  |
| --- |
| **Description of Achievement (300 words max)** |
|  |
| **Please choose the categories that best describe the impact of this achievement:** |
| Increased the capacity to do further research |  |
| Produced new knowledge |  |
| Developed new diagnostic tools or new therapies |  |
| Informed policy or practice |  |
| Improved health outcomes or health systems |  |
| Other - please describe: |  |
| **Who will this achievement most directly impact? (Select all that apply)** |
| Patients/Families |  |
| Clinicians |  |
| Public/Communities |  |
| Other Researchers |  |
| Other - please describe: |  |

|  |
| --- |
| **Description of Achievement (300 words max)** |
|  |
| **Please choose the categories that best describe the impact of this achievement:** |
| Increased the capacity to do further research |  |
| Produced new knowledge |  |
| Developed new diagnostic tools or new therapies |  |
| Informed policy or practice |  |
| Improved health outcomes or health systems |  |
| Other - please describe: |  |
| **Who will this achievement most directly impact? (Select all that apply)** |
| Patients/Families |  |
| Clinicians |  |
| Public/Communities |  |
| Other Researchers |  |
| Other - please describe: |  |

#### C.2 Message of Impact for Cancer Research

Please describe the impact the fellowship has had for cancer research. Will this research continue following the completion of this fellowship? **(500 words max)**.

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### Section D – Research Outputs

Use the Excel template provided to enter ALL research outputs related to your Fellowship. 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 | Number supervised by fellow |
| 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 |
|  |  |  |  |
|  |  |  |  |
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### Section F – End of Grant Evaluation

#### F.1 Perceived Impact of Grant

Please use the following scoring when completing each statement below:

1. Strongly Disagree
2. Disagree
3. Neutral
4. Agree
5. Strongly Agree

***The Cancer Institute NSW Fellowship has:***

|  |  |
| --- | --- |
| Enabled me to continue working in the field of cancer research. |  |
| Helped me build a strong, internationally competitive research team. |  |
| Assisted in strengthening cancer research in NSW. |  |
| Helped (or will help) me complete my research project in a shorter timeframe than I could have otherwise. |  |
| Enabled me to extend the breadth of my research project in areas that would not have been possible otherwise. |  |
| Enabled me to extend the depth of my research project in areas that would not have been possible otherwise. |  |
| Enabled me to present my research results to a wider audience. |  |
| Helped me build collaborative relationships with international and interstate colleagues. |  |
| Made me more competitive in securing funding from other sources.  |  |

#### F.2 Career Impact

Please describe the impact this fellowship has had on your career in terms of developing your research capability and becoming a leader in cancer research **(500 words max)**.

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#### F.3.1 Future Career Plans

Please describe your professional plans following the completion of this Fellowship **(300 words max)**.

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#### F.3.2 Future Career Plans

What is your status regarding future cancer research career paths after this fellowship? *(Please select all that apply).*

|  |  |  |
| --- | --- | --- |
| Career Path  | Yes/ No | Further Details *(e.g. grant provider, employer, research plans)* |
| Funded in cancer research via a Federal Grant. |  |  |
| Funded in cancer research via a State Grant. |  |  |
| Funded in cancer research via other fellowship or grant. |  |  |
| Employed in cancer research via institutional/organisational funding. |  |  |
| Employed in non-cancer research. |  |  |
| Not continuing a research career. |  |  |
| Other (please specify) |  |  |
| Unknown at this time. |  |  |

### 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.

**(500 words max)**.

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### Section H – Attachments and additional information

List all documents that are included with this report.

|  |  |
| --- | --- |
| **Document types** | **Document name** |
| Research outputs spreadsheet |  |
|  |  |

### Section I – Certification

#### I.1 Certification by Fellow

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

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

#### I.2 Certification by the Supervisor

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

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

#### I.3 Certification by the Administering Institution

I certify that this is an accurate final report.

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

### Submission

* The Fellow must complete the report and send to the Administering Institution for certification.
* The Fellow’s Supervisor must have completed Section G prior to the report being submitted to the Administering Institution.
* The Administering Institution is responsible for the accurate submission of completed and certified report form.
* **Section I must be signed by the Fellow, Supervisor and Administering Institution. Electronic signatures are acceptable.**
* Please note: *Late submissions of reports may affect eligibility for future funding.*