

# Milestone report: final report

## Form Preview

### Grantholder details

\* indicates a required field

#### Grantholder name \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Grantholder email \*

Must be an email address.

#### Grant awarded \*

If you received a Walpole Grieve Award or Indigenous Health Award for non-research related activities, please complete the final report specific to those awards (available on the RACGP Foundation website).

#### Year of award \*

Must be a number.

### Milestone: final report

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#### Project details

##### Project start date \*

Must be a date.

##### Project end date \*

Must be a date.

##### Project title \*

##### Please provide a lay summary of your project \*

# Milestone report: final report

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**Word count:**

Must be between 150 and 250 words.

Summarise your project in plain language for a non-specialist audience. State clearly what you have achieved and why it is relevant to general practice.

## Abstract

**Background \***

**Word count:**

Must be no more than 50 words.

**Objective/s \***

**Word count:**

Must be no more than 50 words.

**Method \***

**Word count:**

Must be no more than 50 words.

**Results \***

**Word count:**

Must be no more than 50 words.

**Discussion \***

**Word count:**

Must be no more than 50 words.

## Implications

# Milestone report: final report

## Form Preview

**How do you anticipate the research results will impact general practice and patient outcomes? \***

Word count:

Must be no more than 250 words.

**What recommendations do you have for future research directions in the subject area? \***

Word count:

Must be no more than 250 words.

## Academic output

**Provide details of any publications that have been, or are likely to be, produced as a result of this research.**

Please indicate if they have been published, are in press, submitted or in preparation. For any "in press" publications, please state if they are confidential until publication.

**Provide details of any presentations (e.g. conferences, workshops) that have been, or are likely to be, presented as a result of this research.**

Indicate if they have been presented, are accepted for presentation, submitted or in preparation.

**Provide details of any other ways the research has been, or is likely to be, disseminated (e.g. government and industry publications, mainstream and social media, educational materials, etc.)**

## Training, development & capacity building

**What impact did the grant have on research training, knowledge and skills of the investigators and other participants? \***

Word count:

# Milestone report: final report

## Form Preview

Must be no more than 250 words.

**Were any undergraduate or postgraduate students involved in the project? \***

Yes

No

**If yes, please describe the nature and degree of their involvement.**

**In what other ways has the project contributed to capacity building in general practice research? \***

Word count:

Must be no more than 250 words.

## Reflections

**How has your engagement in this research benefited you, your career and/or clinical practice? \***

Word count:

Must be no more than 250 words.

**How important was the financial support you received from the RACGP Foundation and the grant funding partner (if any)? \***

Word count:

Must be no more than 250 words.

**Please share any other comments, feedback or suggestions you may have in relation to RACGP Foundation's grants and awards program.**

## Photos

**Please provide any relevant photos of your research project in JPEG format. These may be used by the RACGP Foundation for publicity and promotional purposes.**

# Milestone report: final report

## Form Preview

Attach a file:

A maximum of 3 files may be attached.

If your photos contain images of other people, please ensure you have permission from them to share these photos with us prior to submitting.

## Expense acquittal

\* indicates a required field

### Grant income & expenditure

Please note that any unspent grant funds must be returned to the RACGP within 14 days of submitting this report.

**What was the total grant amount you received? \***

\$

Must be a dollar amount.

Excl. GST.

**What was the total grant amount expended? \***

\$

Must be a dollar amount.

Must be a dollar amount. Excl. GST.

**Please attach an official expense acquittal statement. \***

Attach a file:

This must be on the letterhead of the Administering Organisation and signed by a an authorised officer of the Administering Organisation.

## Declaration

**Grantholder declaration \***

I confirm that the information contained in this acquittal is an accurate and correct record, and that all funds were expended in accordance with the Grant Agreement

**Grantholder name \***

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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## Consent

\* indicates a required field

# Milestone report: final report

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The RACGP Foundation may use the responses and any images you have provided in this form to promote your research project, the grant program through which your project is being funded, and/or the activities and impact of the RACGP Foundation as the philanthropic arm of the RACGP. It may do so using RACGP's various communications channels, including but not limited to social media and the RACGP and RACGP Foundation websites.

The RACGP Foundation may also share the responses and any images you have provided in this form with the grant funding partner (if any).

Submitting this form indicates your consent to the above.

**Please indicate you have understood and accept that the responses you have provided may be used by the RACGP Foundation for the purposes outlined above**

I understand and accept

## Feedback (optional)

We value your feedback!

To continuously improve the RACGP Foundation's research grants and awards program, ensuring it best meets the needs and expectations of researchers in the field of general practice, we invite you to participate in this brief survey.

**Were you able to locate this milestone reporting form easily?**

Yes  No  Neutral

**Did you find the form easy to understand and navigate?**

Yes  No  Neutral

**Were the questions on the form clear and concise?**

Yes  No  Neutral

**Did you feel that the form adequately covered the necessary areas to showcase the research outcomes?**

Yes  No  Neutral

**Did you find the amount of time required to complete the form reasonable?**

Yes  No  Neutral

**Do you have any suggestions for improving this milestone reporting form?**