## Milestone report: final report Form Preview

Granth	nolder details			
* indicate	es a required field			
Grantho	lder name *			
Title	First Name	Last Name		
Grantho	lder email *			
March	and the state of			
Must be a	n email address.			
Grant av	warded *			
If you rece	eived a Walpole Grie	ve Award or Indigen	ous Health Award for non	-research related activities,
				RACGP Foundation website).
Year of	award *			
Must be a	number.			
Milesto	one: final repo	ort		
* indicates a required field				
Project	details			
Project s	start date *			
Must be a	date.			
Project o	end date *			
Must be a	date.			
Project t	title *			

Please provide a lay summary of your project \*

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Word count:  Must be between 150 and 250 words.  Summarise your project in plain language for a non-specialist audience. Sachieved 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** 

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How do you anticipate the research results will impact general practice and patient outcomes? $\mbox{*}$
Word count: Must be no more than 250 words.
What recommendations do you have for future research directions in the subject area? $\mbox{*}$
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:

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Must be no more than 250 words.
Were any undergraduate or postgraduate students involvo  ○ Yes ○ No
If yes, please describe the nature and degree of their inv
In what other ways has the project contributed to capaci- practice research? *
Word count: Must be no more than 250 words.
Reflections
How has your engagement in this research benefited you clinical practice? *
Word count: Must be no more than 250 words.
How important was the financial support you received from Foundation and the grant funding partner (if any)? *
Word count: Must be no more than 250 words.

#### **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.

Please share any other comments, feedback or suggestions you may have in

relation to RACGP Foundation's grants and awards program.

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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 \***

 $\bigcirc$  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

#### Consent

\* indicates a required field

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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).

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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? O Yes ○ Neutral  $\cap$  No

<b>Did you find the form easy ○</b> Yes	to understand and navigate  O No	•? ○ Neutral		
Were the questions on the   ○ Yes	form clear and concise? ○ No	○ Neutral		
Did you feel that the form adequately covered the necessary areas to showcase the research outcomes?				
○ Yes	○ No	○ Neutral		
<b>Did you find the amount of</b> ○ Yes	time required to complete  O No	the form reasonable?  O Neutral		

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