# Milestone report: progress report Form Preview

Granth	nolder det	ails				
* indicate	es a required	field				
Grantho	lder name *					
Title	First Name	Last N	lame			
Grantho	lder email *					
Must be a	n email addres:	S.				
Grant a	warded *					
Year of	award *					
Must be a	numbor					
Must be a	number.					
Milesto	one: progr	ess repo	ort			
* indicate	es a required	field				
Progres	s report sta	rt date *				
Must be a	date					
Progres	s report end	date *				
Must be a						
Must be 6	months from s	tart date.				
Project	title *					
Project	overview / la	ay summar	y (as stat	ed in you	r initial gra	nt application) *

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research design, or do you anticipate any changes to the original  No					
If yes, please ensure you have submitted the Project Change Request form (available on the RACGP Foundation website)					
Is the project on track to be completed according to the original timeframe? *  O Yes  O No					
no, please ensure you have submitted the Request for Extension form (available on the RACGP bundation website)					
Summarise your progress during the current reporting period, including any achievements, key activities and findings. *					
Did you publish, present or otherwise distribute your research during the current reporting period? *					
○ Yes ○ No					
If yes, please provide details.					
Summarise any problems or setbacks you encountered during the current reporting period, and describe the steps you have taken to mitigate or resolve these. *					
Do you anticipate any future problems that may hinder the project? *  ○ Yes  ○ No					
If yes, please describe these below and explain how you intend to mitigate or resolve these.					
Please share any other comments or concerns you may have in relation to your research progress during the current reporting period.					

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#### Consent

\* indicates a required field

The RACGP Foundation may share the responses 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 purpose outlined above \*

\times 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 loca	te this milestone repoi	rting form easily?
○ Yes	○ No	○ Neutral
Did you find the form	easy to understand an	nd navigate?
○ Yes	○ No	<ul><li>Neutral</li></ul>
Were the questions o	n the form clear and co	oncise?
○ Yes	○ No	<ul><li>Neutral</li></ul>
Did you feel that the progress effectively?	form adequately cover	ed the necessary areas to track
○ Yes	○ No	<ul><li>Neutral</li></ul>
Did you find the amou	unt of time required to	complete the form reasonable?
○ Yes	○ No	<ul><li>Neutral</li></ul>
Do you have any sugg	jestions for improving	this milestone reporting form?