



## PROGRESS REPORT ON NHMRC RESEARCH FUNDING SCHEMES

*Progress reports enable the NHMRC to assess whether satisfactory progress is being achieved with NHMRC research grants.*

***This form should be used for reporting on the following types of research grants: Project Grants, Development Grants, Juvenile Diabetes Research Foundation Special Program Grants, Program Grants, Program in Medical Genomics Grant and Strategic Awards.***

NOTE: Please use the *Final Report Proforma* for Final Reports.  
Variations to research grants require NHMRC approval and must be requested as a Variation to the Funding Agreement using the relevant *NHMRC Research Grant Variation Report Proforma*.

### Instructions

- In accordance with the NHMRC Deed of Agreement, Progress Reports must be submitted to the NHMRC by 31 March following each calendar year in which there were payments or carry-forward of funds for a NHMRC Grant Funding Agreement, except the final year when the Final Report form must be used.
- All Sections of the form should be completed for all the above research grants that receive funding.
  - All entries must be printed or typed.
  - The report must be signed by the Chief Investigator A (or Lead Applicant A) (on behalf of all investigators), the Head of Department and the Institution's Responsible Officer (Section D).
- The signed original is to be submitted by your RAO to the NHMRC at the following address:

NHMRC Progress Reports  
Research Funding Schemes  
*List name of the type of research grant*  
Program Management Branch  
National Health and Medical Research Council

Mail: GPO Box 1421                      Courier: Level 5, 20 Allara Street  
CANBERRA ACT 2601                      Civic ACT 2601

- An electronic copy of the Progress Report must be emailed by your RAO to: [grantnet.help@nhmrc.gov.au](mailto:grantnet.help@nhmrc.gov.au). Please list the name of the type of research grant and application ID # in the subject field of the email.
- Either MS Word or PDF electronic document formats are acceptable, but please note that Progress Reports that have been scanned and then converted to PDF documents will not be accepted.
- Questions regarding Progress Reports should be referred to the Grantnet Help Desk by telephoning 1800 500 983 or emailing [grantnet.help@nhmrc.gov.au](mailto:grantnet.help@nhmrc.gov.au)

**SECTION A - Administration**

Type of Research Grant	
NHMRC Application ID	
Research Grant Title	
Chief Investigator A	
Administering Institution	
Year Funding Commenced	
Period covered by this report eg. 1/1/07 – 31/12/07	

**SECTION B –Progress (No More Than Three Pages)**

**NOTE:** Where information on changes to the grant is requested, it is not necessary to provide information that has previously been provided.

1. Please summarise the original objectives of the research grant (as specified in the original application)

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2. For this reporting period, please describe the progress in: i) achieving the research aims, and ii) in testing hypotheses, against milestones in the original application and any additional conditions specified in the Schedule to the Deed of Agreement.

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3. Have the personnel or partner organisations changed from those specified in the original application? If yes, please provide details and confirmation that NHMRC approval has been obtained.

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4. Have the time-lines for the research grant changed? If yes, please provide details and reasons.

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5. Has the direction of the research changed from that specified in the original application? If yes, please explain how and why it changed?

6. If satisfactory progress towards achieving the research aims has not been achieved, please explain why this has occurred and how the relevant issues are being addressed.

**SECTION C – Achievements (No More Than Four Pages)**

1. Please list up to four Major Achievements of the research grant for this reporting period.

2. What are the key objectives for the coming year?

3. Where relevant, please explain how the Collaborative Effort has developed (*this field is mandatory for Program Grants*).

4. Who benefits, or will benefit from this research?

5. What career development and training has been achieved as a result of the research grant?

**Team Achievements**

Indicate any output associated with the research to date. Where relevant, write a number in each box, and provide full citation of academic outputs on an attached sheet (e.g. name of journal, title of conference and when/where held, title and publisher of book or chapter in book, impact factors if known). Only include publications that have been published, or accepted for publication. “Expected” publications can be included in the next progress report or the Final Report. Alternatively, these will be identified by the NHMRC in a follow-up that will occur two years after the Final Report is submitted.

Item	Field	No.	Item	Field	No.
A1	Books - Authored Research		C	Patents	
A2	Books - Chapters		D	Expected further publications	
B1	Journal Articles		E	Effects on the policy or practice of health care	
B2	Journal Letters		F	Other achievements	

Note: Please provide details of the team achievements as follows:

- A single list of all the papers published, or accepted for publication from the research grant, using the relevant headings from A1-F as specified in the table above;
- A table showing the number and type of papers for each individual CI, as per the example below.

CI	A1	A2	B1	B2	C	D	E	F
CIA	0	5	10	0	1	4	0	0
CIB	1	7	8	1	0	3	0	0

Please provide your reason for publishing in this/these Journal/s

What is/are the impact factor/s of the Journal/s (Internationally-Nationally)?

**Networks/Partnerships**

Please specify if any additional funding was secured for the research grant, specifying a scheme where applicable.

SOURCE	YES	NO	SCHEME
Host institution (internal)	<input type="checkbox"/>	<input type="checkbox"/>	
NHMRC	<input type="checkbox"/>	<input type="checkbox"/>	
Other Government competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	
Government non-competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	
Funds from industry	<input type="checkbox"/>	<input type="checkbox"/>	
Other competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	
Other non-competitive funds	<input type="checkbox"/>	<input type="checkbox"/>	

**Personnel**

1. Training Outcomes: Please provide the number of full-time equivalent personnel funded from this grant for this reporting period.

<input type="checkbox"/> Postgraduate Students	<input type="checkbox"/> Research Assistants	<input type="checkbox"/> Research Fellows/Associates
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2. Number of other full-time equivalent personnel involved for this reporting period

<input type="checkbox"/> Postgraduate Students	<input type="checkbox"/> Research Assistants	<input type="checkbox"/> Research Fellows/Associates	<input type="checkbox"/> Honours Students
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**Total number of full-time equivalent personnel specified above for this reporting period**

3. Aboriginal and/or Torres Strait Islander Personnel.

Note: An Aboriginal or Torres Strait Islander is a *person of Aboriginal or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander.*

This data is being collected to determine the extent of Aboriginal or Torres Strait Islander participation in NHMRC funded health and medical research so as to inform the development of NHMRC policy and strategy.

Please describe the positions and roles of any Aboriginal and/or Torres Strait Islander personnel funded under this grant for this reporting period.

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**Total number of full-time equivalent Aboriginal and/or Torres Strait Islander personnel funded under this grant for this reporting period.**

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**SECTION D - Certification**

I certify that:

- All Chief Investigators agree that this report is an accurate representation of the progress to date of the funded project; and
- Relevant Institutional Approvals have been maintained to date in accordance with Clause 2.2 of the Deed of Agreement.

Name of Chief Investigator A:  Signature of Chief Investigator A  .....	Date    ...../...../.....
Name of Head of Department or equivalent:  Signature of Head of Department or equivalent  .....	Date    ...../...../.....
Name of Responsible Officer or delegate:  Signature of Responsible Officer or delegate  .....	Date    ...../...../.....
Contact phone number of Responsible Officer or delegate	