**This form should be completed at the end of the funding period**

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| **INSTRUCTIONS** |

* In accordance with the Deed of Agreement, final reports must be submitted at the completion of the project.
* All sections of the form should be completed
  + All entries must be typed
  + The report must be signed by the **Chief Investigator A** (on behalf of all investigators), and the **institution’s responsible officer**
* An electronic copy of the final report must be emailed to:
  + [research.grants@cparf.org](mailto:research.grants@cparf.org) (for applicants based in the United States), or
  + [CPAResearchGrants@cerebralpalsy.org.au](mailto:CPAResearchGrants@cerebralpalsy.org.au) (for applicants based in Australia and other countries)
* Either MS Word document or writable PDF formats are acceptable
* Questions regarding final reports should be referred to:
  + [research.grants@cparf.org](mailto:research.grants@cparf.org) (for applicants based in the United States), or
  + [CPAResearchGrants@cerebralpalsy.org.au](mailto:CPAResearchGrants@cerebralpalsy.org.au) (for applicants based in Australia and other countries)

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| **SECTION A - ADMINISTRATION** |

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| **Grant Number** *(e.g. CDG00118)* |  |
| **Title** |  |
| **Chief Investigator A** |  |
| **Administering Institution** |  |
| **Period covered by this report**  *(e.g. 01/07/2019 – 31/12/2019)* |  |

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| **SECTION B – RESEARCH ACHIEVEMENTS** |

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| 1. Describe (in bullet point format) the significant research results obtained. |
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| 1. **For the purpose of the Research Foundation’s website**, provide **lay summary** of your research results (max 200 words). |
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| 1. Were all original research aims achieved and hypotheses examined? (if no, indicate why) |
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| 1. Were there any additional research aims or hypotheses developed? If yes, please identify. |
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| 1. Comment on how the research achievements will relate to general development in this field of research. |
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| 1. Has any career development and training been achieved as a result of this research grant? |
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| **SECTION C – DISSEMINATION OF SCIENTIFIC RESULTS** |

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| 1. Have you undertaken activities to promote awareness of the scientific results arising from your research including community involvement? Did this attract media attention? |
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| 1. Are you expecting any further research to result from these findings? |
|  |

Indicate any output associated with the research to date. Where relevant, write a number in each box, and provide full citation of academic outputs (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).

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| --- | --- | --- | --- | --- | --- |
| **Item** | **Field** | **No** | **Item** | **Field** | **No** |
| A1 | Books – Authored research |  | D | Expected further publications |  |
| A3 | Books – Chapters |  | E | Effects on policy/practice of health care |  |
| B1 | Journal articles |  | F | Other achievements |  |
| B2 | Journal letters |  | G | Speaker presentations |  |
| C | Patents |  | H | Awards |  |

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| **Full citation of academic outputs**  (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) |
|  |
| *As per the Deed of Agreement, grant recipients are required to include a copy of all publications and reports (as a PDF of the full text), and all conference presentations and seminars (in abstract format) utilising project data to the Research Foundation as part of this Report.* |

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| **SECTION D – OTHER RESEARCH OUTCOMES** |

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| 1. Has this research grant resulted in the development of intellectual property (IP)?   If yes please indicated one or more of: patent; trademark; registered design; copyright or other. |
|  |

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| 1. Did the research results demonstrate commercial potential? If yes, please describe. |
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| 1. Upon whom do you think the results of your research will make (or has made) the biggest impact? |
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| **SECTION E – NETWORKS/PARTNERSHIPS** |

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

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| --- | --- | --- | --- |
| **SOURCE** | **YES** | **NO** | **SCHEME** |
| Host institutional (internal) |  |  |  |
| NHMRC/NIH |  |  |  |
| Other government competitive funds |  |  |  |
| Government non-competitive funds |  |  |  |
| Funds from industry |  |  |  |
| Other competitive funds |  |  |  |
| Other non-competitive funds |  |  |  |

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| **SECTION F – 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

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| --- | --- | --- | --- |
| **Chief Investigator A** | | **Institution Responsible Officer or delegate** | |
| Name: |  | Name: |  |
| Date: |  | Date: |  |
| Signature: |  | Signature: |  |