

Research Institute Award Program

FINAL REPORT for ALL ACADEMIC AWARDS

AWARD RECIPIENT

Title First Name Last Name Email

Type of Award: _____ Campus: _____

Supervisor: First Name Last Name Email

PROJECT INFORMATION

Project Name

Research Area

RESEARCH PROGRESS

Summary of Research Findings

Did you accomplish what you expected as stated in your original submission? Yes No

Please explain

Outcome: Describe how this project has made or will make improvements to patient care or health care.

Next Steps: Describe any next steps that may relate to this project (applying for further grants, further research plans, etc.)

Knowledge Translation: Please list the steps you have taken, or will take in the near future, to disseminate learned information i.e. publications, in-house rounds at St. Joseph's 'Healthcare Hamilton, poster presentations, etc.

List any inventions, patent applications, and/or licenses as a result of this project funding?

PROFESSIONAL DEVELOPMENT

Have you published articles, attended conferences or professional workshops as a direct result of this award? If yes, please specify, include full citations of all publications – published or in-press.

FUNDING

List all grants and/or other awards applied for and/or received as a result of this project.

IN-PERSON PRESENTATION TO TERESA CASIOLI CHARITABLE FOUNDATION – Only for the Women’s Health Award Recipients

Recipients of the Teresa Casoli Charitable Foundation Research Award in Women’s Health are required to do an in-person presentation to the Teresa Casoli Charitable Foundation. Please contact the Vice President at the St. Joseph’s Healthcare Foundation office at the co-ordinates below to arrange a suitable appointment. The recipient is also required to send a copy of this report to:

St. Joseph’s Healthcare Foundation
224 James Street South
Hamilton ON L8P 3A9
Attention: Vice President, Development
T. 905 522 1155 ext. 36036

SIGNATURE OF AWARD RECIPIENT– For all awards

I hereby sign that all of the information and contents contained with this report are true and understand falsification of any copy or document will result in immediate investigation and applicable disciplinary action.

Signature of Award Recipient	Print Name	Date

SIGNATURE OF SUPERVISOR – *only for Studentship, and Post-doctoral Fellowship Awards*

I hereby sign that all of the information and contents contained with this report by my learner are true and understand falsification of any copy or document will result in immediate investigation and applicable disciplinary action.

Supervisor’s Signature	Print Name	Date

Award Recipient to send the final report by either hard copy or pdf scan to:

The Research Institute of St. Joe’s Hamilton
Research Administration
50 Charlton Ave. East. - H303, Martha Wing
Hamilton ON L8N 4A6
Email: research@stjoes.ca

*******FOR ADMINISTRATIVE USE ONLY*******

SCIENTIFIC DIRECTOR’S REVIEW

Final Report has been reviewed.

Comments

Scientific Director’s Signature	Print Name	Date