

**TRAINEE RESEARCH PROJECT SUPERVISOR'S REPORT**

*This page must be completed and attached to the front of each project report submitted to the College for review.*

### PLEASE TYPE OR PRINT CLEARLY

|  |  |
| --- | --- |
| **Name of Trainee** |  |

**PROJECT TITLE\***

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| --- |
|  |

*\*If this is a resubmission, please indicate “Resubmission” in the project title.*

**Project Supervisor details:**

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Qualification/Position held |  |
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| --- | --- |
| Hospital/Institution |  |
| Postal Address |  |

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Signature of Supervisor Date

***COMPLETED PROJECT:*** *Please complete project checklist (SEE REVERSE) and comment on the contribution by the trainee, the quality of the material presented and the trainee's evaluation of the project material. Also indicate approval or otherwise of the written report.*

**PROJECT COMMENTS:**

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| --- |
|  |

**PROJECT CHECKLIST:**

*(for completion by project supervisor with respect to completed project only)*

**1 TYPE OF PROJECT SUBMISSION**

(with reference to guidelines provided by the College)

Tick box

eg: i) Clinical/Laboratory Research Project

ii) Literature Review

**2 STUDY DESIGN AND PLANNING**

The proportion of study design and planning done by the trainee, in percentage terms

0% 25 50 75 100%

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**3 STUDY WORK**

The proportion of the study work done by the trainee, in percentage terms;

0% 25 50 75 100%

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| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |

**4 DATA ANALYSIS**

The proportion of data analysis actually performed by the trainee, in percentage terms.

0% 25 50 75 100%

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| --- | --- | --- | --- | --- | --- | --- |
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**5 WRITING-UP**

The proportion of project actually written-up by the trainee, in percentage terms.

0% 25 50 75 100%

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Signature of Supervisor Date