



AUSTRALASIAN COLLEGE
FOR EMERGENCY MEDICINE

PROJECT COMPLETION REPORT FORM

Form Nr: AP634
Approved: Apr-2018
Last Revised:
Version No: v1

INTERNATIONAL DEVELOPMENT FUND GRANT

2017

(To be completed at the termination of the grant)

1. APPLICANT DETAILS

1.1 List Partner Country or Countries	
1.2 Provide details of the Applicant organisation and Contact person	
Organisation:	Contact person: Position:
Postal Address:	Telephone: Fax: Email:
1.3 Title of the Project	
1.4 Provide the final start and finish dates of the Project	
Project Start Date:	Project Finish Date:

2. ATTENTION TO SELECTION CRITERIA

2.1 Describe any change to the context for the Project and identified needs (<i>maximum 200 words</i>)

2.2 Were the aim(s) of the Project achieved? (maximum 200 words)

2.3 Please describe how the activities described in the Application were completed? (maximum 200 words)

2.4 What outcomes were achieved as a result of the Project? (maximum 200 words)

**2.5 Please provide a summary of the project evaluation? (maximum 200 words)
(a separate Evaluation may be attached to this report)**

2.6 Please describe how the Project will be sustained? (maximum 200 words)

**2.7 Describe any linkages with the Partner organisation/country.
What commitment has the partner organisation demonstrated to the aims of the Project?
Was it a successful partnership? (maximum 200 words)**

2.8 Outline how the budget (AUD) for the project was utilised for each expenditure item on the attached Budget Report Form.

3. DECLARATION

I declare, as the grant recipient, that this Project Completion Report Form is a true and accurate record of the Project.

Full Name	
Signature	<i>Sarah Mikhail</i>
Date	