Progress Report Template

\* indicates a required field.

|  |
| --- |
| **Project Details** |
| Project Number  |  |
| Project Title\* |  |
| Principal Researcher\* |  |
| End Date\* |  |
| Total Amount Requested  |  |
| If the information above has changed (or needs to change soon), please contact Research@eqc.govt.nz. |
| Students and Associated Researchers\* |
|  |
| Please list the names and emails of the students supported by this fund, including master’s students, PhD students, post-doctorate students and research assistants. |
| **Achievements/Findings** |
| Activities and Progress Towards Milestones and Objectives\* |
| Maximum 500 words. Please describe the outputs and outcomes to date. What significant findings or discoveries have you identified so far? |
| **Difficulties** |
| Difficulties and Delays |
|  |
| Maximum 300 words. Please use this section to outline any difficulties and time delays experienced by the project since your last progress report. If needed, request a contract variation form here and explain briefly what the nature of your variation request (e.g., An extension to the project’s end date, changes to the project’s scope, staff, budget). We will send you a variation request form seeking more details. Alternatively, you can email research@eqc.govt.nz and ask for a variation request form to be emailed to you. Please note, all variation requests are reviewed and approved by the Head of Research. Turnaround time is typically 2-3 weeks per variation, and no more than 3 variations are issued per contract.    |
| **Additional Information**  |
| Additional Comments |
|  |
| Maximum 300 words |
| AttachmentsPlease attach any information you would like to share with us, including weblinks to publications and your approval for Toka Tū Ake EQC to upload a publication to our website. |

**Health and Safety** (this section is mandatory with every Progress Report)

**About Health and Safety report**

This health and safety performance report is to be completed by all Toka Tū Ake EQC funded contracts. The report must include incidents related to Toka Tū Ake EQC funded research and the personnel involved in the research.

Please email: eqchealthandsafety@eqc.govt.nz to notify of any notifiable injury, illness, incident or event, or any notice issued under the HSW Act or any other health and safety legislation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | **Number of Incidents for the last six months** | **Risk Rating** |  | **Incidents****Total** |  |
|  |  | **Incident Type** | **Low** | **Medium** | **High** | **Critical** |  |  |
|  | 1 | Notifiable Injuries, Illnesses, Incidents or Events |  |  |  |  |  |  |  |
|  | 2 | Medical Treatment Injuries |  |  |  |  |  |  |  |
|  | 3 | Lost Time Injuries |  |  |  |  |  |  |  |
|  | 4 | First Aid Injuries |  |  |  |  |  |  |  |
|  | 5 | No Treatment Injuries |  |  |  |  |  |  |  |
|  | 6 | Near Miss / Near Hit |  |  |  |  |  |  |  |
|  | 7 | Property Damage |  |  |  |  |  |  |  |
|  | 8 | Environmental Incidents |  |  |  |  |  |  |  |
|  |  | Total Incidents |  |  |  |  |  |  |  |
|  |  |  |  |  |

**\*Mark with an X to indicate risk rating**