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| **Date of this report:**  | **Report completed by:** |
| **Project Title:** | **Project Aim:** |
| **Project Start Date:** | **Project End Date:** |
| **Frequency of status reporting: ⃝ Monthly ⃝ Quarterly ⃝ Annually ⃝ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Involved organisation/s and project sponsor/s** | **Organisation 1:** | **Organisation 2:** | **Organisation 3:** |
| **Executive sponsors** **Name:****Position:** | **Executive sponsors** **Name:****Position:** | **Executive sponsors** **Name:****Position:** |
|  |  |  |  |
| **Performance measures reporting**  | **Performance measures** | **Status (achieved or not achieved)** | **Corrective strategies to address lagging elements** |
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| **Project Budget*****$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | **Date** | **Expenditure**  | **Use/Reason**  |
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|  |  |  |
| **Lessons learnt to date**What has been effective and ineffective and what could be done differently next time  |  |
| **Recommendations****Or** **Future plans or work relating to this project to further strengthen /consolidate achievements** |  |
| **Relevant and useful attachments / appendices**Insert electronic copies  |  |
| **Signature of persons completing report**  | **Name/s and Position/s:** | **Date:** |
| **This section to be completed by Consortium Manager**  |
| **Presentation to Consortium Management Group** | **Date:** | **Feedback** |
| **Presentation to Clinical Advisory Group**  | **Date:** | **Feedback** |

**Signature Consortium Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_**