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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: \_\_\_/\_\_\_/\_\_\_**