



**College of Intensive Care Medicine
of Australia and New Zealand**
ABN: 16 134 292 103

Document type: Form
Category: Training
Date last reviewed: 2014

SUPERVISOR'S PROJECT EVALUATION REPORT

Trainee: _____ Supervisor: _____

Hospital: _____

Title of submission:

Co-authors:

Supervisor of Training's evaluation of the report (including Trainee's contribution):

Evaluation of report by Supervisor of Trainee's work (if different to Supervisor of Training):

This manuscript has been submitted/accepted for publication in: _____

This project has been presented by the Trainee at:

- | | |
|--|---|
| <input type="checkbox"/> Annual Scientific Meeting | <input type="checkbox"/> International Scientific Forum |
| <input type="checkbox"/> National Scientific Forum | <input type="checkbox"/> Regional Scientific Forum |
| <input type="checkbox"/> Other (include details on page 2) | |

Institution and date of presentation: _____

PROJECT PRESENTATION DETAILS

Meeting at which presented: _____

Date of presentation: _____

If not an International, National or Regional Scientific meeting, specify:

Number of senior clinical or relevant laboratory staff present: _____ (minimum 5)

Number of CICM Trainees present: _____

Total size of audience: _____

Name and designation of at least one Senior Independent clinician or scientist:

Duration of presentation: _____ (minimum 10 minutes)

Duration of interrogation: _____ (minimum 10 minutes)

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We certify that:

- 1. The Supervisor has read the project report which conforms with the standard and format required in the *“Formal Project Requirements”***
- 2. The Trainee is the first author of the report and has made a major contribution to the study**
- 3. The Trainee has presented the project at a suitable forum as per the *“Formal Project Requirements”***

Trainee: _____ Supervisor: _____ Other Supervisor: _____

Date: _____ Date: _____ Date: _____

Project reports will not be considered until this form has been completed.