



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

**Document type:** Form  
**Category:** Training  
**Date last reviewed:** 2016

## SUPERVISOR'S PROJECT EVALUATION REPORT

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Trainee: \_\_\_\_\_ Supervisor of Training: \_\_\_\_\_

Hospital: \_\_\_\_\_

Title of Submission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Co-authors: **(include signatures for non-published works)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor of Training's evaluation of Trainee's work:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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"/> CICM Presentation Evening      | <input type="checkbox"/> Other (include details on page 2) |

Institution and date of presentation: \_\_\_\_\_

## PROJECT PRESENTATION DETAILS

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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 of Training has read the project report which conforms to 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 Of Training:** \_\_\_\_\_ **Project Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Project reports will not be considered until this form has been completed with all required signatures.**