

Appendix A

CRN Wessex Research Fellow Progress Report

Name :	Department:
Academic Program: PhD / MD / MRes / Other	Supervisor:
Has this report been discussed with your Supervisor: Yes / No	
Portfolio Study Involvement: <i>(Study names, number of personal recruits, role within study)</i>	
Your Research: <i>(Project and Progress)</i>	
Publications & Presentations:	
Grant Applications & Funding Achieved: (Funding source, personal contribution to application, outcome),	
Quality & Service Improvement Projects/Clinical Audit:	
Personal Highlights and Future Goals:	
Areas Requiring Further Support:	

Please return this form to thomas.brown@porthosp.nhs.uk and should you require further support please do not hesitate to contact me.