



**College of Intensive Care Medicine
Of Australia and New Zealand**

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: _____

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 Guidelines"***

Trainee: _____ Supervisor: _____ Other Supervisor: _____

Date: _____ Date: _____ Date: _____

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