**Research Fellowship Report**

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| --- | --- | --- | --- | --- | --- |
| **Title of project** | |  | | | |
| **BSAVA PetSavers reference** | |  | | | |
| **Name and qualifications of the grantee** | |  | | | |
| **Address of veterinary school or institute** | |  | | | |
| **Name and qualifications of the mentor, and address if different from that of the grantee** | |  | | | |
| **Date of award** | |  | | | |
| **Start date of project** | |  | | | |
| **Estimated/actual completion date\*** (\*mandatory field) | |  | | | |
| **Date/s of previous report/s** | |  | | | |
| **Type of report** | | Interim  Final | | | |
| **Total amount awarded** | **£** | | **Total budget spent** | **£** | |
| **Any expected deviation from total budget? (If yes, please tick and give details in report)** | | | | |  |
| **Please tick if you would be willing to act as a reviewer on future BSAVA PetSavers grant applications** | | | | |  |

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| **Brief outline of study background** |  |
| **Project aims and objectives** |  |
| Summary of results and progress towards each of these aims and objectives. If this is your final report, please describe your main findings and conclusions |  |
| **Challenges encountered and strategies adopted to overcome them** |  |
| **Plan and timeline for remaining months of study (if relevant)** |  |
| **Costs incurred so far and planned expenditure for the remainder of the study (if relevant)**  **Please provide a breakdown of the budget** |  |
| **Details of articles written for Companion since the start of the project** |  |
| **Details of publications planned or submitted to JSAP** |  |
| **Details of abstracts or other publications in preparation, submitted or published** |  |
| **Any other comments** |  |

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| **If this is your final report, please provide a statement of not more than 80 words that summarises the importance of your findings to veterinary practice:** |  |

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| **Date of next update  Please ensure this date complies with your grant terms and conditions** |  | | |
|  | | | |
| **Signature  Grantee** |  | **Date** |  |
|  | | | |
| **Signature  Head of Department or Practice** |  | **Date** |  |
| Please make sure to obtain your head of department’s signature.  A signed copy of your report should be sent to the BSAVA PetSavers Coordinator by email to: petsaversadmin@bsava.com | | | |