# FINAL REPORT

*To be completed by the primary Deakin University contact person of the host Faculty / SRC / Institute within 3 months of the end of the Thinker in Residence’s visit.*

*Email the completed report as a single pdf to* *research-grants@deakin.edu.au*

*The summary table on the last page of the report will be tabled at the next University Board Meeting.*

# Part A: (Deakin Research to complete)

## A1 Name of Thinker in Residence (include title)

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## A2 Name Of Primary Deakin University Contact Person

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## A3 Host Institute / Faculty / SRC

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## A4 Dates of Visit

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| Month 201x to Month 201x |

## PART B: (Host Faculty / SRC / Institute to complete)

## B1 List the Main Activities that Occurred During this Visit (Half Page Maximum)

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## B2. What do you Believe were the Benefits to Deakin (1 page Maximum)

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| How did the Thinkers’ expertise benefit your Institution and, more broadly, Deakin?What were the tangible outcomes of the visit?What were the intangible outcomes of the visit?What value did the visit provide to your institution / Deakin? |

## B3. Outcomes & Collaborations (1 Page Maximum)

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|  List what you believe to be the most important outcomes of this visit.List any publications or works that were produced / are under development.List any other outcomes including collaborations that have resulted from the visit. |

## B4. Funding Allocation

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| Has the full funding allocation been fully expended? Yes / NoIf no, all claims for reimbursement and relevant receipts must be lodged with Marie Toulmin, Finance Manager, Deakin Research – Finance immediately |

## B5. Overall Comment on the Scheme

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| How would you rate the success of the Program?Are there improvements that could be made to the Thinkers In Residence Scheme? |

## B6 Signature and Date (Primary Deakin Contact)

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## Summary Of Visit

Provide a summary of up to four of the most significant outcomes achieved during the Thinker/Industry Expert’s visit from the information provided in Sections B1, B2 and B3 above.

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| **VISITOR’S TITLE & NAME** | **PRIMARY DU CONTACT NAME** | **HOST FACULTY / INSTITUTE / SRC** | **VISIT DATES** | **AMOUNT AWARDED** | **OUTCOMES ACHIEVED** |
| **START** | **END** |
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