DEAKIN UNIVERSITY FACULTY OF HEALTH



FACULTY HDR GRANT (FHG) - REPORT

- 1. Report needs to be submitted within 14 days of returning from the Conference at <a href="https://historia.ni.nlm.ni.nl
- 2. Attach additional notes only if required to this report.

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Name							
School		School of Health and Social Development					
Student ID number							
Email							
Commencement of your HD	R program						
Expected completion date							
Principal supervisor							
Thesis title							
DETAILS OF CONFERENCE							
Name of Conference							
Name of Organising Body							
City			Country				
Conference Start Date			Conference End Date	2			
Type of Involvement in Conference							
Nature of presentation	Paper	ſ	Poster				
Other (please specify)							
Title of presentation							
Is your paper an invited key	note address?		Yes	No			
Total Amount Spent							

1.	ACHIEVEMENT O	F PLANNED AIMS AND OBJECT	ΓIVES				
2.	ACADEMIC DEVE	LOPMENT					
3.	CONFERENCE WO	ORTH					
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4.	RESULTING PUBL						
	a. Number of I	Publications					
	b. List your Pu	blications below					
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5.	VALUE IN TERMS	OF HIGHER DEGREE BY RESEA	RCH CAND	IDATURE			
6.	6. RECOMMENDATION FOR FUTURE ATTENDANCE AND OTHER RELEVANT INFORMATION						
Signat	ure			Date			
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