**Early Career Researcher Grant**

**Finalisation Form**

**AINSE Early Career Researcher Grant recipients are required to submit a final report, outlining key actions and outcomes in the grant period and including a complete acquittal of the used funds and purchases, for review by an AINSE Specialist Committee member in their respective field of study.**

**Grant recipients are to ensure that ALL sections of this report are completed in full, before returning the signed form via email to** **award@ainse.edu.au****. Submission of the completed report is required within two (2) months of the Grant End Date.**

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| Recipient and Project Details: |
| **Recipient Name:** | Enter your full name here |
| Year ECRG awarded: | e.g. 2019 |
| ANSTO collaborator(s): | Enter ANSTO collaborator(s) full name(s) here |

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| Scientific Achievements: |
| In the space below, please summarise your main achievements, experiments, and data analysis undertaken during the tenure of your ECRG, particularly in relation to your use of ANSTO facilities. As a guide, this section would be approximately 750–1,000 words in length.Up to 10 graphs or images can be inserted in the next section of this report. Please ensure any referenced graphs or images are referred to below as Figure 1, Figure 2, etc., and that these references match the labels of the inserted graphs/images in the following section of this report. |
| Summarise your main achievements, experiments, and data analysis here).  |

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| Referenced Graphs/Images from Progress Report (OPTIONAL): |
| Please click on the boxes below to insert up to 10 graphs or images. Please ensure all graphs/images below are referenced correctly within the previous section as Figure 1, Figure 2, etc. |
| **Figure 1:** |  |
| **Figure 2:** |  |
| **Figure 3:** |  |
| **Figure 4:** |  |
| **Figure 5:** |  |
| **Figure 6:** |  |
| **Figure 7:** |  |
| **Figure 8:** |  |
| **Figure 9:** |  |
| **Figure 10:** |  |

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| ANSTO Facility Use during ECRG Tenure: |

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| ANSTO facility used: | Number of days used: | Number of extra days spent in discussion with ANSTO collaborator: |
| Enter full name of ANSTO facility here | e.g. 3 | e.g. 1 (excluding facility use days) |
| Enter full name of ANSTO facility here | e.g. 3 | e.g. 1 (excluding facility use days) |
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| Enter full name of ANSTO facility here | e.g. 3 | e.g. 1 (excluding facility use days) |

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| Publications that have been submitted or published relating to work undertaken during ECRG Tenure |
| **All Authors**Surname(s), Initial(s) in publication order | **Author Affiliation** | **Year** | **Title of article/chapter** | Volume and Issue | Journal (full name) OR Book Title / Conference (where applicable) | Page numbers | Digital Object Identifier (DOI) OR Publisher | AINSE Support Acknowledged? |
| Surname, A B, Surname, C & Surname, D E | University of X, University of Y | 2020 | Sample Publication Title | 1(2) | Journal of Sample Name | 220–221 | https://doi.org/10.0000/0000 | Yes/No |
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| Publications that have been submitted or published relating to work undertaken during ECRG Tenure (continued) |
| **All Authors**Surname(s), Initial(s) in publication order | **Author Affiliation** | **Year** | **Title of article/chapter** | Volume and Issue | Journal (full name) OR Book Title / Conference (where applicable) | Page numbers | Digital Object Identifier (DOI) OR Publisher | AINSE Support Acknowledged? |
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| Budget Acquittal |
| In the space below, please detail the expenditure of your grant amount. All line items must be accompanied by an invoice or tax receipt. Please note that any unused grant funds, or funds used for ineligible purposes, will be recovered by AINSE (see Section 6 of the ECRG Terms and Conditions).  |

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| Purchase Category: | Item Description: | Cost (in AUD): | Invoice / Tax Receipt submitted to AINSE (check box to confirm) |
| Choose an item. | Enter the item description here | Enter cost here |[ ]
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| TOTAL COST (in AUD): | **Enter total cost here** |

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| Disposal of Single-Use Items: |
| In the space below, please detail the disposal of any single-use laboratory consumable items purchased using ECRG funding, excluding reagents. Each disposal must be signed off by an appropriate laboratory manager. |

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| Item 1: |

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| Item description: | Enter the item description here |
| Item use: | Detail how the item was used here, including the location(s) of use. |
| Item disposal: | Detail how the item was disposed after use, including the location of disposal. |
| **Laboratory manager contact details:** |  |
| Name: | Enter the laboratory manager’s name here |
| Office phone number: | Enter the laboratory manager’s office phone number here |
| Office email address: | Enter the laboratory manager’s office email address here |
| **Laboratory manager signature:**By signing this form, you indicate that the information provided regarding the disposal of this item is true and complete to the best of your knowledge |  |

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| Item 2: |

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| Item description: | Enter the item description here |
| Item use: | Detail how the item was used here, including the location(s) of use. |
| Item disposal: | Detail how the item was disposed after use, including the location of disposal. |
| **Laboratory manager contact details:** |  |
| Name: | Enter the laboratory manager’s name here |
| Office phone number: | Enter the laboratory manager’s office phone number here |
| Office email address: | Enter the laboratory manager’s office email address here |
| **Laboratory manager signature:**By signing this form, you indicate that the information provided regarding the disposal of this item is true and complete to the best of your knowledge |  |

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| Signature: ECRG Recipient |
| By signing this form, you indicate that the information provided is true and complete to the best of your knowledge. |
| **Recipient signature:** |  |

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| Signatures: Primary ANSTO Collaborator |
| By signing this form, you indicate that you have read and reviewed this report in its entirety, and that the information provided is true and complete to the best of your knowledge. |
| **Primary ANSTO collaborator signature:** |  |