

## **PROGRESS REPORT DOCTOR OF CLINICAL PHYSIOTHERAPY**

This report should be no longer than 5 pages. Ensure that you provide appropriate justifications, including references, in Section 3 Project Details.

### **Section 1. Personal Details**

Family Name:

Given Name:

Student Number:

Date:

Email Address:

Degree:

Current Status: Full time / Part time

### **Section 2. DClIn Thesis Title and Supervision**

Title of Thesis:

Date Commenced:

Expected Date of Submission:

Supervisor(s):

### **Section 3. DClIn Thesis Project Details**

**Brief Background**

**Project Aims**

**Hypotheses**

**Justification**

**Study Design**

**Participants (including Eligibility criteria, recruitment sources, recruitment procedures)**

**Interventions (if appropriate)**

**Proposed Outcome Measures (including their validity, reliability & sensitivity)**

**Proposed statistical analyses**

**Timeline**

**Progress to date**

#### Section 4: Timely completion

Have any of the following problems affected your progress? (Please tick)

- |  |  |
|--|--|
| <input type="checkbox"/> Academic background             | <input type="checkbox"/> Access to equipment         |
| <input type="checkbox"/> Understanding expected workload | <input type="checkbox"/> Interruption to supervision |
| <input type="checkbox"/> Communication with people       | <input type="checkbox"/> Health / Personal           |
| <input type="checkbox"/> Writing skills                  | <input type="checkbox"/> Financial                   |
| <input type="checkbox"/> Recruitment difficulties        | <input type="checkbox"/> Other – please specify      |

Please indicate what steps you have taken or will take to overcome these problems.

Do you expect to complete by your current expected completion date as stated on this form?

- Yes  No

If no, what factors (including employment or other commitments) are likely to prevent you completing?

#### Section 5: Signature

Student:

Date:

School of Physiotherapy Use Only

Received by:

Date: