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The Queen’s Nursing Institute

Interim report

Due Date:

The purpose of the interim report is to provide the Queen's Nursing Institute with a report on the progress of the project to date.

Please complete every question.

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| --- |
| **Project title** |
| **Your name (project lead)** |
| **Your project partner’s name (if applicable)** |

**Progress**

|  |  |  |
| --- | --- | --- |
| **1** | How have you involved people / clients so far in the project? |  |
| **2** | What actions have you taken so far to collect evidence /data to show the impact of your project?*Please refer to the specific aims in your monitoring framework and planning triangle* |  |
| **3** | What have been the challenges of delivering your project so far? |  |
| **4** | What steps have you taken to overcome challenges? *(Reflect on problematic situations or changes. Discuss unforeseen or unscheduled events that have been encountered and how they have or will be addressed)* |  |
| **5** | Have you needed to make any changes to your project plan, aims or objectives during the project so far?*Include details of any changes of personnel or changes to aims, referring to your planning triangle.* |  |

**Impact**

|  |  |  |
| --- | --- | --- |
| **6** | Give a brief overview of the impact your project is having on people’s health and well-being so far*Please refer to your specific aims in your planning triangle and monitoring framework.*  |  |
| **7** | Have there been any unintended outcomes? If so, what have these been? |  |
| **8** | Please detail how you are promoting your project so far.*(Through articles, formal and informal presentations, interviews, etc.)* |  |
| **9** | Choose a person and briefly describe how your project has helped them individually.*There will be a chance to submit a longer case study later in the year.* |  |

**Learning and moving forward**

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| --- | --- | --- |
| **10** | What will you do to further improve the project in the next six months? |  |
| **11** | Briefly reflect on something you’ve learned in the process of delivering your project, which you did not know when you started.*Do not include learning from the QNI workshops* |  |
| **12** | Are there any areas of the project you would like QNI to support you with as a priority? |  |

**Your project spending**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Activity/Item** | **Starting balance** | **Amount** | **Remaining****Balance** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Please attach copies of invoices/receipts.

**Signed**………………………………………………. ………………………………………(Project Lead)

**Date…………………………………………………..**