

**THE HONG KONG COLLEGE OF OTORHINOLARYNGOLOGISTS**

**POST-FELLOWSHIP TRIANING PROGRAMME  
IN HEAD AND NECK SURGERY**

**Research Project Progress Report**

**NOTE: This form is to be typed. Handwritten form will not be accepted. Please complete and return an original form to the College Secretariat.**

A. Name of Trainee: \_\_\_\_\_

B. Supervisor of Project: \_\_\_\_\_

C. Other Co-investigators: \_\_\_\_\_

\_\_\_\_\_

D. Hospital: \_\_\_\_\_

E. Project Title: \_\_\_\_\_

F. Role/contribution of trainee in each of the following stages of the project:

1. Research idea generation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Design of project methodology

\_\_\_\_\_  
\_\_\_\_\_

3. Application of ethic approval

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Recruitment study materials and conduction of study

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Data analysis

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Writing of paper/final report

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Endorsement and comment on the report by supervisor:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

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Censor-in-Chief comment:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Censor-in-Chief

\_\_\_\_\_  
Date