



Members Project Report Form

Title of Project: _____

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____ **Date:** _____

Background

Provide details of your project, demonstrate how your project aligns with the mission of CNIS

Past/ Related work

Please provide details of your work or related work in the project area

Project Activity

Describe the activity of the project. Did you have sufficient funds to undertake the activities?

Financial Expenditure

Attach receipts/ signature sheets to support entries.

Label each receipt with the receipt number to facilitate cross checking

Receipt #	Description	Budget amount Cad \$	Actual Expenditure \$
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Community Participation/ Contributions

Provide details of Canadian and host country participation and contributions

Outcomes

Provide details of your results of your project. What led to the results? What factors contributed to the results?

Needed Changes

Please provide details of opportunities for improvement

Unanticipated Problems

Were there any problems? Please provide details.

Lessons Learnt

Describe lessons learnt as a result of implementing your project

Future Work

Provide details of your next activities related to this project. How will you raise funds towards these activities?

Recommendations

List recommendations resulting from this project.

Send a completed form to:

Email: office@cnis.ca

Fax: 604-739-4788

Mail:

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For more information:

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