**ISSCD M-in-M Programme**

**FINAL REPORT FORM**



**Rationale**

As you know from the Grant Terms and Conditions, all grant holders are required to submit a final report form. The report provides the ISSCD Board with assurance that the M-in-M programme has been completed to the specification agreed at the outset.

**Conditions**

The report must be submitted within 3 months of the completion of the M-in-M partnership.

**Contact us**

If you have any general questions or comments about the completion of this form, please email [info@isscd-global.org](mailto:info@isscd-global.org)

**FINAL REPORT FORM; M-in-M programme details**

**Name of Mentee:**

**Name of Mentor(s):**

**Programme start date:**

**Programme end date:**

|  |
| --- |
| **Mentee, please describe your M-in-M partnership to be assessed by the ISSCD Board** |
| 1. What were the aims of the M-in-M programme partnership? 2. How successful were you in achieving them? 3. What are the key things that were learnt as a result of this partnership? 4. How will this M-in-M programme benefit you going forward? 5. How has the funding from ISSCD made a difference? What conferences did you attend? 6. Please list the major expenditures and state whether the funds were spent as expected? 7. Have you secured any additional funding as a result of this programme? 8. What are your next steps? 9. What are the implications for the field of celiac disease? Please include anticipated outputs such as policy implications, changes in healthcare practice, future research, managing clinical trials, publications etc. with estimated timelines if known. |

|  |
| --- |
| **Mentor comments** |
|  |

**Additional feedback, please delete as applicable:**

**Would you recommend the M-in-M programme to others:** Yes / No

**Do you intend to stay working in the field of celiac disease:** Yes / No

**Signed Mentee: Date:**

**Signed Mentor(s): Date:**