

NHMRC PROJECT GRANT VARIATION REQUEST

APP ID

CIA

Administering Institution

Year that Funding Commenced

Project Title:

1. Please complete names of all Chief Investigators (CI). If a change of time commitment is sought, also complete percentage of time that each CI is to spend on the grant : (Add/delete as required):

CIs:

- CIA: %
- CIB: %
- CIC: %
- CID: %
- CIE: %
- CIF: %

If a change to Associate Investigator is sought, please complete all their names:

- 1.
- 2.
- 3.
- 4.
- 5.

2. Reason for and nature of the proposed change:

3. Skills and contribution of the withdrawing Investigator (if applicable):

4. Skills and contribution of the replacement Investigator(s), or requested additional research personnel. Provide a current CV (if applicable):

Signatures:

.....
(Name of RAO)

.....
(Name of Chief Investigator A)

.....
(Name of Administering Institute)

.....
(Name of Actual Institute and Department)

Date:

Date:

Attachments:

- 1. Signed Statement from Each Person Effected by the Change Confirming their Agreement to the revised Arrangement (ie Withdrawing Investigator and proposed New Investigator)**
- 2. Copy of the Project Synopsis for the Grant**
- 3. Copy of the Most Recent Progress Report for the Grant**
- 4. CV of replacement or new CI(s) (if applicable)**