# Australian Catholic University Research Funding (ACURF)

## Variation Request Form

This variation request should be submitted to res.acurf@acu.edu.au by the **ACURF Lead Chief Investigator**.

**Please Note:** Additional funds from those approved in your letter of offer cannot be requested.

|  |  |
| --- | --- |
| ACURF Scheme awarded (check one) | [ ]  Research Program[ ]  Research Project[ ]  Early Career Researcher Award[ ]  Industry Research Incentive Scheme[ ]  Women in Health and Medical Research |
| ACURF ORION Reference Id: | Click here to enter text. |
| ACURF Lead Chief Investigator: | Click here to enter text. |
| Research Title:Click here to enter text. |
| Approved Research Duration: | Choose an item. |
| Date of Variation Request: | Click here to enter a date. |
| Variation Type (check appropriate below) |
| [ ]  Change of Personnel (CI)*A track record must be attached for additional personnel* | [ ]  Add [ ]  RemoveInvestigator Name: Click here to enter text.Investigator Institution: Click here to enter text.Investigator Email: Click here to enter text. |
| [ ]  Change of Personnel (salary paid as per approved budget) | [ ]  Add [ ]  RemoveName: Click here to enter text.Position (as in budget): Click here to enter text.Email: Click here to enter text. |
| [ ]  Extension of Research Duration  | Choose an item  |
| [ ]  Variation in Budget Items (other than salary) | Budget Item/s: |
| [ ]  Relinquish funds in current year and request for reallocation in following year | Submit a proposal for Usage of Unspent Funds Form |
| [ ]  Change to Proposed Research | [ ]  Description [ ]  Outcomes |
|  |  |
| **Variation details:***Include as applicable:* * *Revised duration of research*
* *Amended budget (attach)*
* *Amended research description and outcomes (attach)*

Click here to enter text. |
| **Justification for variation:**Click here to enter text. |
| **Anticipated impact on research:**Click here to enter text. |
| **Proposed mitigation of impact:**Click here to enter text. |
|  |  |
| **Acknowledgement:** of Lead ACU Chief Investigator |
| *As Lead ACU Chief Investigator of the ACURF-funded research, I confirm that this variation has been discussed with all Chief Investigators associated with the research and that they are all in agreement with the details of the variation.*  |
| Lead ACU Chief Investigator Name: | Click here to enter text. |
| Lead ACU Chief Investigator Signature:Click here to enter a date. |  |
| **Determination:** Deputy Vice-Chancellor (Research) or delegate |
| Click here to enter text.  |
| Name: Wayne McKenna (or delegate name) |
| Signature:Click here to enter a date. |