# Australian Catholic University Research Funding (ACURF)

## Variation Request Form

This variation request should be submitted to [res.acurf@acu.edu.au](mailto: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  Remove  Investigator 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  Remove  Name: 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. | |