

Change of Administering Institution Request

**Important:**

* The Change of Administering Institution Request Form is intended to be used by current Heart Foundation awardees who wish to transfer their award to another administering institution. Please note that only NHMRC Administering Institutions may administer Heart Foundation awards.
* Transfer of awards between institutions must be approved by the Heart Foundation and a number of conditions must be met, including, but not limited to, the new administering institution providing the facilities and services necessary for the efficient conduct of the award. In addition, awardees must have agreement to move the award from both institutions involved and a new funding agreement must be signed by the new institution to which the award is being moved. The Heart Foundation will forward a new funding agreement to the RAO of the institution to which the award is being moved once the request has been assessed and approved by the Heart Foundation.
* Please submit request by email to research@heartfoundation.org.au

**Privacy Statement:**

The Heart Foundation respects your privacy and embraces the principles contained in the Privacy Act. The Heart Foundation is the National Heart Foundation of Australia and all associated Australian State and Territory Heart Foundation Divisions, full details of which can be found in our Privacy Notice. The information collected on this form will only be used for the purposes of administering the award. Personal details may be provided to third parties where required by law or for the purpose of facilitating services contracted by us, in so doing your personal information may be disclosed to overseas recipients. The Heart Foundation will not disclose your information to any third party for their marketing purposes.

If you have any questions about privacy please contact the Research team at Level 2, 850 Collins Street, Docklands VIC 3008, research@heartfoundation.org.au or by calling (03) 9321 1581. Our APP privacy policy is set out in our Privacy Notice and details how you may complain about privacy issues and how we would deal with that complaint. It also explains how you can access, correct or update information we hold about you. A copy of our Privacy Notice is available at [www.heartfoundation.org.au o](http://www.heartfoundation.org.au/)r on request. [HFPSB022-150923]

|  |
| --- |
| 1. **Award Details**
 |
| **Name of Institution**  | Click here to enter text. |
| **Name of Awardee**  | Click here to enter text. |
| **Name of Award**  | Click here to enter text. |
| **Award ID**  | Click here to enter text. |
| **Total Award Value**  | Click here to enter text. |

|  |
| --- |
| 1. **Details of New Administering Institution**
 |
| **New Administering Institution:** Click here to enter text. |
| **NHMRC Administering Institution:** Yes [ ]  No [ ]  |
| **Phone:** Click here to enter text. | **RAO Name:** Click here to enter text. |
| **RAO Email:** Click here to enter text. |

|  |
| --- |
| 1. **Transfer Information**
 |
| **Reason for Transfer:** Click here to enter text. |
| **New Supervisor (if applicable):** Click here to enter text. |
| **New Supervisor Email (if applicable):** Click here to enter text. |
| **Will the project or budget change?** Yes [ ]  No [ ] If yes, form *Budget & Project Variation Request Form* must be completed and submitted to the Research Program alongside this *Change of Administering Institution Form.*  |

|  |
| --- |
| 1. **Details of Award Transfer**
 |
| **Date Award Commenced:** Click here to enter text. | **Proposed Date for Transfer:** Click here to enter text. |
| **Total Award Value (as per Funding Agreement)** | **$** Click here to enter text. |
| Amount *already* invoiced to date and paid | **$** Click here to enter text. |
| Amount *to be invoiced* by Current Administering Institution before transfer | **$** Click here to enter text. |
| Balance to be transferred by Current Administering Institution to New Administering Institution | **$** Click here to enter text. |
| Remaining amount to be invoiced by New Administering Institution  | **$** Click here to enter text. |

|  |
| --- |
| 1. **Updated Awardee Details**
 |
| **Position:**  | Click here to enter text. | **Department:**  | Click here to enter text. |
| **New Email:**  | Click here to enter text. | **New Telephone:**  | Click here to enter text. |
| **Office Address:**  | Click here to enter text. |
| **State:**  | Click here to enter text. | **Postcode:**  | Click here to enter text. |

|  |
| --- |
| 1. **Signatures**
 |
| We certify that all details given in the application are correct and we agree to continue carrying out the project in accordance with the Heart Foundation’s current Funding Deeds for Scholarships and in accordance with the principles of the Australian Code for the Responsible Conduct of Research (2018). We acknowledge that all supporting documents have been provided and understand that our request will not be eligible for consideration by the Heart Foundation if incomplete. |

|  |
| --- |
| **Awardee** |
| **Title:** Click here to enter text. | **First Name:** Click here to enter text. | **Surname:** Click here to enter text. |
| **Signature:** | **Date:** Click here to enter a date |

|  |
| --- |
| **New Institute Primary Supervisor (if applicable)** |
| **Title:** Click here to enter text. | **First Name:** Click here to enter text. | **Surname:** Click here to enter text. |
| **Signature:** | **Date:** Click here to enter a date |

|  |
| --- |
| **Research Administrative Officer - Institution currently administering award** |
| I verify that the awardee has requested to transfer the administration of the names award to another institution.I verify that this institution agrees to relinquish the administration of the named award.I verify that this institution is willing to transfer any unspent funds received from the Heart Foundation as part of this award to the new administering institution named in this award.I verify that the financial details in section C of this award are correct and agree not to invoice the Heart Foundation for amounts beyond those indicated. |
| **Title:** Click here to enter text. | **First Name:** Click here to enter text. | **Surname:** Click here to enter text. |
| **Email:** Click here to enter text. | **Telephone:** Click here to enter text. |
| **Institution:** Click here to enter text. |
| **Position:** Click here to enter text. | **Department:** Click here to enter text. |
| **Signature:**  | **Date:** Click here to enter a date |

|  |
| --- |
| **Research Administrative Officer - Institution to which the award is to be transferred** |
| I verify that the awardee named in this application is (or will be) engaged in the position described in this application.I verify that this institution is aware of, and agrees to comply with, all conditions of the award being transferred. I understand that a Heart Foundation funding agreement for this award will be forwarded to me that will need to be executed for the award to continue.I verify that the financial details in section C of this award are correct and agree not to invoice the Heart Foundation for amounts beyond those indicated.I verify that this institution has established administrative procedures for assuring sound scientific practice in accordance with the principles of the Australian Code for the Responsible Conduct of Research (2018). |
| **Title:** Click here to enter text. | **First Name:** Click here to enter text. | **Surname:** Click here to enter text. |
| **Email:** Click here to enter text. | **Telephone:** Click here to enter text. |
| **Institution:** Click here to enter text. |
| **Position:** Click here to enter text. | **Department:** Click here to enter text. |
| **Signature:**  | **Date:** Click here to enter a date |