

Leave of Absence/Award Extension Request

**Important:**

* Leave of Absence requests must be made a minimum four weeks prior to the first day of proposed leave
* General Leave of Absence can be sought for up to 12 months and only one Leave of Absence per award
* Parental Leave or other extreme circumstances may take multiple Leave of Absence for extended periods of time.
* You may be required to provide supporting documentation such as medical certificates on request
* Award Extension requests must be made three months prior to the Award end date, while the Award is still tenable
* Award Extension requests will not be considered if there are outstanding milestones against this Award
* You must provide proof of your institution’s confirmation of Leave of Absence/Extension approval with this application
* The maximum length of extension that be granted for Scholarships is six months; this extension may cover both time and stipend
* Fellowships and Grants may be extended in time only
* Only one extension will be allowed per candidature
* Please submit form by email to [research@heartfoundation.org.au](mailto: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]

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| 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. |

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| 1. **Request Summary** | | | |
| **Leave of Absence Request** | | **Extension Request** | |
| **Parental Leave** |  | **Request for Extension** |  |
| **Carer Responsibilities** |  | **Request for additional funding** |  |
| **Major Illness** |  | **Quarterly funding amount** | **$** Click here to enter text. |

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| 1. **Request Summary** | | | |
| **First day of leave** | Click here to enter a date. | **Last day of leave** | Click here to enter a date. |
| **Leave Request**  **(in months and days)** | Click here to enter text. | **Extension requested**  **(in months)** | Click here to enter text. |
| **Current award end date** | Click here to enter a date | **Proposed new award end date** | Click here to enter a date |

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| 1. **Reason for Leave/Extension Request** |
| Please summarise the reasons you require an extension (500 words max) |
| Click here to enter text. |

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| 1. **Revised Key Project Milestones** |
| Please provide a timetable of key milestones for completion of this award with revised dates. |
| Click here to enter text. |

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| 1. **Primary Supervisor’s Support (if applicable)** |
| Click here to enter text. |

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| 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 (2007). 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. |

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| **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 |

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| **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 |

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| **Research Administrative Officer** | | | |
| **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 |