Change in FTE Request

**Important:**

* Change in FTE must be made three months prior to the Award end date
* Change in FTE will not be considered if there are outstanding milestones against the Award.
* Minimum FTE is dependent on award and is stipulated in award Instructions
* Payment schedules between Heart Foundation and the Administering Institution will continue unchanged as per Research Funding Agreement
* You must provide proof of your institution’s acceptance of the FTE reduction with this application by attaining requested signatures.
* Please submit form 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 actioning your request. 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 a[t 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. **Change in FTE Request Summary**
 |
| **Current FTE** | Choose an item. | **Proposed new FTE** | Choose an item. |
| **Change in end date** | Yes [ ]  No [ ]  | **Length of extension requested** | 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 Change in FTE Request**
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| Please summarise the reasons you require a change to FTE (500 words max) |
| Click here to enter text. |

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| 1. **Revised Key Project Milestones**
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| Please provide a timetable of key milestones for completion of this award with revised dates. |
| **Milestone** | **Current Due Date** | **Proposed New Due date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| 1. **Primary Supervisor’s Support**
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| If applicable – for Postdoctoral Fellowships and Scholarships only. (500 words max) |
| Click here to enter text. |

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| 1. **Signatures**
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| 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.  |

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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 |