**Request for Amendment**

Please advise the RANZCP Foundation of any proposed changes to the budget, scope and timeframe of your project/program from what you have provided in your initial application or a previously approved amendment. Complete and submit the form below and upload any relevant supporting documentation.

**Grant information**

|  |  |
| --- | --- |
| Recipient name |  |
| Award received |  |
| Project Title |  |
| Host Institution |  |

**Proposed amendments.**

Requested change/s relate to r Timeframe r Budget r Project scope.

**Timeframe**

|  |  |  |
| --- | --- | --- |
| **Recipient name** | As per application | Requested change |
| Start date |  |  |
| End date |  |  |
| Reason for change |  | |

**Budget**



|  |  |
| --- | --- |
| Reason for budget change |  |

**Project Scope**

|  |  |
| --- | --- |
| Project scope in approved application |  |
| Request to change project scope |  |
| Reasons for change to project scope |  |

**Supporting documents**

Supporting documents relevant to your requested attached. r Yes r No

**Declaration**

|  |  |
| --- | --- |
| *In providing this report to the RANZCP Foundation I confirm that all the information and attachments provided are complete and accurate.* | |
| **Signature** |  |
| **Date** |  |

**Supervisor’s Report – if applicable**

If you have a Chief Investigator or Supervisor involved in your project / program, ensure that they have reviewed and completed this report prior to submitting.

This project is under the supervision of a Chief Investigator/ Supervisor. r Yes  No

|  |  |
| --- | --- |
| *In providing this report to the RANZCP Foundation I confirm that all the information and attachments provided are complete and accurate.* | |
| Supervisor Name |  |
| Email |  |
| Supervisor’s assessment (max. 100 words). |  |
| Supervisor signature |  |
| Date of declaration |  |

Return to: [Foundation@ranzcp.org](mailto:Foundation@ranzcp.org)

**Approval**

|  |  |
| --- | --- |
| *Signed for and on behalf of the Royal Australian and New Zealand College of Psychiatrists* | |
| Approved by |  |
| Date |  |
| Signature |  |
| *Signed for and on behalf of <Host Institution>* | |
| Approved by |  |
| Date |  |
| Signature |  |