Project Change Request Form Preview

Granth	nolder deta	ils		
* indicate	es a required fi	eld		
Grantho Title	First Name	Last Name		
Grantho	lder email *			
	n email address. warded *			
Year of	award *			
Must be a	number.			
Project Change Request				
* indicates a required field				
Project [·]	title *			
In as much detail as possible, please outline the requested change/s to your original research design ${\color{red} \star}$				
Please p	orovide a rati	onale for the cha	nge/s *	
Do you a	anticipate an	y problems that ı	may arise as a result o ○ No	of the change/s? *

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If yes, please outline these below and describe how you intend to mitigate or resolve these.
Will the change/s impact on the original project budget? * ○ Yes ○ No
If yes, please provide details of any additional expenses that will be incurred and outline how the budget will be altered to cover these.
Will the change/s impact on the original project and milestone reporting timelines? * O Yes O No If yes, please ensure you also complete the Request for Extension form (available on the RACGP Foundation website)
Please upload any supporting documentation Attach a file:
Actuent a file.
PDF format preferred
Next steps
Approving the project change/s
After submitting this form, your request for will be forwarded to the RACGP Foundation & Research team for review. You may contacted for additional information, if required.

Project change requests are normally approved within 10 business days. If your request is approved, you will receive written confirmation from the RACGP Foundation. You may not alter the project design until your request has been approved. To do so would breach your

Please indicate you have understood

○ I understand

grant agreement.