**Changes to Principal Investigator during ASMIRT Research Grant**

In the event that the Principal Investigator (PI) who was originally awarded the ASMIRT Research Grant has to change during the term of the Grant, the following process must be followed. It is important to note that the new PI must meet all eligibility criteria outlined in the ASMIRT Research Grant guidelines (refer to page 3). Payment of remaining Research Grant money is dependent on ASMIRT approval of the change in Principal Investigator.

1. ASMIRT must be notified in writing as soon as the proposed change is considered by the research team. All correspondence to be submitted to research@asmirt.org.
2. Complete this ‘Request for Change of Principal Investigator’ form and submit to ASMIRT for consideration at research@asmirt.org
3. The application will be considered by ASMIRT, and the applicant notified of the outcome.

***Disclaimer***

The ASMIRT decision is final, and no correspondence will be entered into.  ASMIRT does not accept appeals to its decision.

**REQUEST FOR CHANGE OF PRINCIPAL INVESTIGATOR FORM**

|  |  |
| --- | --- |
| Project name |  |
| Previous Principal Investigator’s name |  |

|  |
| --- |
| **New Principal Investigator Details** |
| Title Dr Mr Ms Mrs Miss Other |  |
| Family Name |  |
| Given Name |       |
| ASMIRT Membership Number |   |
| Discipline | [ ] Medical Imaging [ ] Radiation Therapy [ ] Nuclear Medicine |
| Postal Address |       |
|  |       |
|  | State:      | Postcode:      |
| E-mail address |       |
| Telephone number | Work:      | Mobile:      |
| Organisation |       |
| Department |       |
| Currently held position |       |
| Highest Academic qualification |       | Year Attained: |
| Average number of days per month to be devoted to this project:*If time release from employment is required to complete the project, please include a letter of support from your Manager.* |
| Average number of days per month to be devoted to other projects: |
| Profile/publications: Please enclose a brief CV (maximum 3 pages) including a list of research projects and publications to which the Principal Investigator has contributed, and other grant money awarded. |

|  |
| --- |
| **Project Details** |
| Please detail the reason/s for the change in Principal Investigator |   |
| Are there any other changes to the research team as was outlined in the grant application? If yes, please detail any changes. |  |
| Has the project commenced? | YES [ ]  NO [ ] If YES, when did it start?If NO, when do you propose to commence? |
| Anticipated completion date? |  |
| Can the budget be expended by the anticipated completion date? | YES [ ]  NO [ ]  |

**Certification of Investigators**

I/We certify that all the details on this form are correct and complete.

I/We understand and agree that:

* Research that involves animal experimentation must be carried out in accordance with the Animal Research Act (1985) and accompanying Code of Practice:
* Research that involves human subjects or material of human origin must be carried out in accordance with the guidelines laid down in the NHMRC Code of Practice;
* Research that involves genetic manipulation work must be carried out in accordance with the guidelines laid down by the Genetic Manipulation Advisory Committee.

**Terms and Conditions**

We understand and agree to the following terms and conditions.

* The Principal Investigator will continue and maintain Australian Society of Medical Imaging and Radiation Therapy Financial voting membership for the duration of the grant.
* Provision of regular progress reports.
* Provision of a completion report by agreed date.
* Submission of reimbursement expenses by agreed dates.

Principal Investigator (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Investigator 1 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-Investigator 2 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Co-Investigator 3 (Print name):

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_