

###### **Personnel Information Form (PIF)**

Please provide details below of each person funded directly by this award and return the completed form(s) to [grantchanges@research.ie](mailto:grantchanges@research.ie). Where a change in personnel occurs during the grant period please contact the IRC immediately and submit a new Personnel Information Form.

|  |  |
| --- | --- |
| **Project ID**  **(See Award Letter)** |  |
| Name |  |
| Institution Name |  |
| Institution Address |  |
| Telephone |  |
| E-mail |  |
| Citizenship | Irish ☐ EU ☐ Non-EU ☐ |
| Gender | Male ☐ Female ☐  Non-binary ☐ Prefer not to say ☐ |
| Start date of employment |  |
| Duration of contract |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Position on award (Please tick one box only)** | | | | | | | |
| Post-Graduate student | | | ☐ | Post-Doctoral Researcher (5yrs+) | | | ☐ |
| Research Assistant | | | ☐ | Post-Doctoral Researcher (<5yrs) | | | ☐ |
| Technician | | | ☐ | Project Manager/Coordinator | | | ☐ |
| Other | | | ☐ |  | | |  |
| If ‘other’ please specify | | |  | | | | |
|  |  |  | | |  |  |  |
| **Are you in receipt of** |  | IRC Fellowship | | | ☐ | Salary | ☐ |
| If salary, please indicate % Full Time Equivalent (FTE) | | | | | |  | |
| If salary, please indicate pay point (IUA or relevant scale) | | | | | |  | |

|  |  |
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| **Qualifications** | |
| Degree(s) attained to date |  |
| Target Degree registered for (if any) |  |

**Signature Page**

*I confirm that the above information is correct:*

|  |
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| **Staff member/Student**  **(No signature necessary here if this person is also the Principal Investigator, see below)** |
| I certify that all details in this request form are correct |
| Name (including title):  Original signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

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| **Principal Investigator** |
| I certify that the Host Institution supports the requested amendment including the proposed budget (where applicable). |
| Name:    Position Held:    Original signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: |

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