A close up of a logo

Description generated with very high confidence

V. 18-05-20

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| **COVID-19 RELATED REQUEST TO SUSPEND OR DEFER AWARD**  **(Early Career)**  The Council recognises that awardees may need to request to defer or suspend their awards due to reasons related to the impact of COVID-19.  As per clauses 3.c and 5 of the [Guidance for awardees on COVID-19 related impacts on Council funded awards](http://research.ie/assets/uploads/2020/04/Guidance-for-awardees-on-COVID-19-23.4.2020.pdf), all requests will need to provide clear evidence of the necessity for suspension or deferral. Awardees must read the Guidance in full before applying for a COVID related suspension or award deferral.  **Who should use this form?**  **Postgraduate** and **Postdoctoral** award holders who wish to request:   * To defer the start of a new award * To suspend their current award   **Duration of requested suspension/deferral**  As the duration of a suspension may not be known at the time of request, the Council requires that awardees confirm the continuation of the suspension with their host institution’s Research Office and the relevant programme team at the Council on a monthly basis. This can be done by email.  Deferral may be requested for a maximum of three months. Where the maximum duration expires, the case will be reviewed as per the Guidance issued.  **How to use this form**  In the case of projects funded or co-funded by Strategic Funding Partners (SFPs), award holders **must consult** in advance with partners and **agree** the proposed suspension or deferral before submitting this form to the Council.  Requests should be endorsed by a relevant Research Officer and Research Finance Officer in the host institution. As applicable, the form should also be endorsed by Supervisors/Mentors/ Enterprise Partners/Strategic Funding Partners. Electronic signatures will be accepted as endorsement for requests.  Please email the completed form to the programme email account associated with your grant, using the **subject line: Suspension or Deferral request for <insert Project ID>**. The list of programme emails can be found on the Council’s COVID-19 webpage: <http://research.ie/irc-and-covid19/>  Requests will be considered on a case-by-case basis. |

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| **Section 1**  **For completion by Award Holder** | |
| Name |  |
| Email address |  |
| Project ID |  |
| Project title |  |
| Higher education institution/  Research-performing organisation |  |
| Supervisor/Mentor |  |
| Supervisor’s email address |  |
| Enterprise mentor (if applicable) |  |
| Enterprise mentor’s email address (if applicable) |  |
| Strategic funding partner (if applicable) |  |

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| **SECTION 2**  **For completion by Award Holder** | | |
| **Change requested** | | |
| Reason for awardee’s request to suspend/defer their award: | Travel or visa restrictions |  |
| Temporary closure of essential facilities or labs |  |
| Temporary return of awardee to home country |  |
| Other\* |  |
| If Other, please provide details: | |

\*Where COVID-19 causes illness necessitating the suspension of an award, the awardee should use the usual suspension request form for the relevant scheme.

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| **Rationale and justification**  for the suspension/deferral being proposed |
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| Duration of suspension: | Start date:  --/--/---- | End date:  --/--/---- |
| The award will therefore be extended by: | \_\_\_\_ months | |
| The new award end date will be: | --/--/---- | |
| In case of a deferral, please indicate: | Start date of the award: --/--/----  End date of the award: --/--/---- | |

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| **SECTION 3**  **Signature of Award Holder** | |
| I hereby certify that all details in this request form are correct. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:    Date: |

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| **SECTION 4**  **For completion by Academic Supervisor/Mentor, Employment/Enterprise Mentor (if applicable) and Strategic Partner(s) (if applicable)** | |
| I hereby confirm that I support the award holder’s request to suspend/defer the award as outlined above. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |

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| **SECTION 5**  **For completion by the Research Office in Host Institution** | |
| I hereby certify that the Host Institution supports the awardee’s request to suspend/defer the award. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |

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| **SECTION 6**  **For completion by the Research Finance Office in Host Institution** | |
| I hereby certify that the Host Institution will cease payments from the project account from the date of suspension until the project is reinitiated. | |
| Name:  (BLOCK CAPS)  Electronic Signature: | Position:  Date: |