**Starworks child prosthetics application form**

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| **Lead organisation name:**   | **Lead organisation address:**  |
| **Lead applicant name:**  |  |
|  | **Email:** **Telephone:**  |

Please upload this application in PDF format to (INNOVATION MANAGER PORTAL LINK) before 12 noon on Friday 27th October. If you have any questions regarding the application form or would like support on identifying people as part of this collaboration please email: Nathaniel.mills@NIHR.ac.uk

You are permitted to upload two appendices:

* A two page document highlighting the project plan and timelines (2 pages maximum)
* An optional four page document containing any other information you may wish to tell us about that is not covered in the application form (4 pages maximum)

If you would like any technical help with the portal please email: Angel.Jimenez-Aranda@sth.nhs.uk

1. **Project details**
2. **Project Title:**
3. **Total Cost (£s) requested**
4. **What is the best way to describe your innovation (100 max word count)**
5. **What other solutions are available and how is your proposed solution an improvement? (300 max word count):**
6. **The Project Team**
7. **Please list the team below and the role within the project**

*Provide details of all team members and if any third parties will be involved. Will any other sources of funding or in kind contributions be used or have you applied for any other funding? Will the proposed work require ethical or regulatory approval?*

1. **Description of need and proposed solution**
2. **Summary description of need (400 max word count):**

*What is the magnitude of the problem, the clinical incidence, and the financial costs of the problem?*

1. **What is your proposed solution to the problem? (400 max word count):**
2. **Technical Summary**
3. **What are the key technical challenges and how do you plan to address them?**
4. **IP Summary**

**How will the Intellectual Property (IP) be protected?**

*Tell us who owns the IP and whether you need access to any background IP in order to carry out the work.*

1. **Funding Proposition and project plan**

**Total funding requested: £**

1. **How will the funding be used? :**

*Please provide a detailed breakdown of costs associated with your project*

1. **What are the next steps beyond the funding? (300 max word count):**

How will the innovation be progressed once the work is complete? What barriers to adoption have you identified? How can we ensure that this proof of concept can be developed further to benefit all stakeholders?

1. **Provide a project brief plan with milestones and time frame (Upload as Appendix A, no more than 2 pages)**

1. **SIGNATURES**

Should you be awarded child prosthetics proof of concept support, you will be required to report periodically on progress with regard to the programme of work outlined in this proposal.

**I agree to the terms outlined above:**

*Yes / No*

**Signature of lead applicant:**

**Date of signature:**

**Signature of authorised signatory for your organisation:**

**Print full name:**

**Role/job title:**

**Date of signature:**