|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Grow MedTech**  **Proof of Market - Application Form** | | | | | | | |
| **Project title:** |  | | | | | | |
| **Grow MedTech Project Number:** Provided by Technology Innovation Manager | | | | | | |  |
| **Lay project summary:** Include clinical need, proposed solution & benefit and indicative activities the funding will cover. (300 words max) | | | | | | | |
|  | | | | | | | |
| **Social media summary:** Summarise your project for social media use. (200 characters including spaces) *e.g. We’re using PoM funding to break the wall of communication between doctor and patient by teaching a computer to analyse data the same way as a doctor, using AI to improve healthcare (181 characters with spaces)* | | | | | | | |
|  | | | | | | | |
| **Lead academic:** | | (Include contact names and position) | | | | | |
| **Organisation:** | |  | | | | | |
| **Contact details:** | | Email: | | | | Tel: | |
| **If you are applying as a postdoctoral researcher details and signature of academic supervisor:** | | | Include name, position, organisation and signature to indicate approval of application | | | | |
| **Twitter handles:** | | Insert any Twitter handles associated to academics, collaborators or research programmes. *e.g. @growmedtech* | | | | | |
| **PROJECT PARTNER PROFILE (provide details of role and involvement in project)** | | | | | | | |
| **Commercial partner(s):** | | | Include contact names, position and organisation | | | | |
| **Academic partner(s):** | | | Include contact names, position and organisation | | | | |
| **Clinical partner(s):** | | | Include contact names, position and organisation | | | | |
| **Value of in-kind/match funding provided by project partners:** | | |  | | | | |
| **Resources secured to date:** | | |  | | | | |
| **Are any agreements in place between the Parties?** | | |  | | | | |
| **Please detail any conflicts of interest (financial or non-financial), whether real or perceived and a plan for how these will be managed.** | | | Examples of conflicts of interest include but are not limited to: Directorships, advisory work, consultancy, close personal relationships, roles or activities involving parties outside the University. | | | | |
| **AMOUNT OF FUNDING REQUESTED** | | | | | | | |
| **Funding requested:** Provide justification of project costs. (200 words max) | | | | | | | |
|  | | | | | | | |
| **Anticipated start date:** | | |  | | | | |
| **Project length:** | | |  | | | | |
| **THE PROJECT** | | | | | | | |
| **Background**: Provide details on how the project was conceived and work to date which underpins this project (200 words max) | | | | | | | |
|  | | | | | | | |
| **Aims and objectives:** (200 words max) | | | | | | | |
|  | | | | | | | |
| **Project plan:** Provide a programme of work which includes a brief project plan, timescales and deliverables: (500 words max) | | | | | | | |
|  | | | | | | | |
| **Public and patient involvement:** Explain (a) if you have involved patients in developing this project and or application, and (b) plans for involving and engaging patients and members of the public should your application be successful. (200 words max) | | | | | | | |
|  | | | | | | | |
| **Is there a need for an external commercial opinion (consultant):** If so, detail knowledge and expertise need and if known who and why are they best fit for this role? (200 words max) | | | | | | | |
|  | | | | | | | |
| **Intellectual property:** Provide details of any Intellectual Property the technology had created, is expected to create or depends on (200 words max) | | | | | | | |
|  | | | | | | | |
| **Next steps following completion of this work:** Outline what questions will still need to be answered at the end of this work and how you would you seek to address them (200 words max) | | | | | | | |
|  | | | | | | | |
| **GROW MEDTECH ENGAGEMENT** | | | | | | | |
| **Technology Innovation Manager:** Include details of the technology innovation manager that has co-developed this proposal. | | | | Name |  | | |
| Signature |  | | |
| Date |  | | |
| **Grow MedTech Activities:** If your application arises from one of our workshops, from interactions with a member of the Grow MedTech team, or any other Grow MedTech event or activity, please tell us about it. (100 words max) | | | |  | | | |
| **Collaborations:** Detail any new project collaborations that have arisen from engagement with Grow MedTech. (100 words max) | | | |  | | | |

*As per contractual requirements of the programme, the details you submit in this form will be logged on a central CRM database, accessible by a representative from each university partner in the Grow MedTech consortium.*

*Your details will be used to contact you about project progress, to arrange meetings, and log interactions. This will allow us to deliver the support available through the programme, and to continually develop our business relationship with you. We do not submit your personal data to third parties.*

*This information will be retained for the duration of the programme + 5 years, based on University of Leeds retention schedules.*