**Concept Development Awards 2023**

Application Form

Please complete the application form and send to [enterprise@sgul.ac.uk](mailto:ENTERPRISE@SGUL.AC.UK).

For informal inquiries please contact Howard Duffy (hduffy@sgul.ac.uk)

**PROJECT TITLE (MAX 50 WORDS)**

*SHORT DESCRIPTIVE TITLE FOR THE PROJECT*

**PROJECT TYPE**

*PLEASE MARK ‘X’ FOR THE APPROPRIATE PROJECT TYPE*

|  |  |
| --- | --- |
|  | Proof of concept study |
|  | Feasibility Study |
|  | Industry Engagement\*  *\*Please provide information on the type of engagement you intend to undertake in the “Proposed Project” section* |

**LEAD APPLICANT**

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Job Title |  |
| Research Institute |  |
| Email |  |
| Telephone |  |

**CO-APPLICANT(S)**

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Job Title |  |
| Research Institute (if applicable) |  |
| Organisation (if applicable) |  |
| Email |  |
| Telephone |  |

|  |  |
| --- | --- |
| Title |  |
| Full Name |  |
| Job Title |  |
| Research Institute (if applicable) |  |
| Organisation (if applicable) |  |
| Email |  |
| Telephone |  |

**BACKGROUND**

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| --- |
| Provide a background summary. What is the current unmet medical need you are seeking to address and why? *(max 500 words)* |
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**PROPOSED PROJECT**

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| What is your proposed project/idea and explain what is novel and unique about it. What are the unique advantages of your proposal compared to competitors? Provide any research data produced to date that provides the rationale for your proposal. Are you using any intellectual property belonging to another party or have you signed a legal agreement with another party regarding the project? *(max 750 words)* |
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**PROJECT OUTPUTS**

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| Describe envisaged results/outputs from the project, *e.g. data, database, specific knowledge, teaching/training material, new/improved compound, method, process or device.* |
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**PROJECT PLAN**

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| Provide a project timeline with dates and milestones/deliverables *(e.g. Gantt Chart).* |
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**FINANCES**

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| Please consult with your JRES Research Funding Officer to provide a costing for the total sum requested and budget breakdown *(please insert a table).* |
|  |

**WHAT’S NEXT?**

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| Assuming successful completion of the project, what would be the next step to ensure progression of your project? Which follow-on funding scheme would you envisage to apply for? Do you have any commercial contacts or evidence of existing commercial interest in your proposal?. |
|  |

additional information

|  |
| --- |
| Does your project involve Human Participants, Human Tissue or Patient Data? Does your project involve animals?  Have you applied for funding for this project from any other source? If so, has any funding been awarded? |
|  |

**DECLARATION**

I declare that, to the best of my knowledge, the information I have supplied is correct. If successful, I will honour the terms & conditions of the Innovation Award as stated in the award guidelines.

|  |  |
| --- | --- |
| Name (Lead Applicant) |  |
| Signature (Lead Applicant) |  |
| Date |  |