# Translate Technology Accelerator Package

# Application Form

Please complete the following sections, and return completed forms to [hello@translate-medtech.ac.uk](mailto:hello@translate-medtech.ac.uk)

Applicants are encouraged to work with their business development manager/technology transfer office, or one of the Translate Technology Innovation Managers when completing this form.

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| **Applicant Details** | |
| **Title** |  |
| **Forename** |  |
| **Surname** |  |
| **Job Title/Role** |  |
| **Organisation** |  |
| **Email Address** |  |
| **Phone Number** |  |

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| **Overview of the Technology Opportunity** |
| **What is the title of the technology? *(20 words max)*** |
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| **Provide a lay summary overview of the technology *(150 words max)*** |
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| **What is the unmet clinical need which the technology addresses? *(100 words max)*** |
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| **What is the current stage of development, and what work has previously been conducted to progress the technology?** |
| □ Idea, with some background work conducted  □ Initial laboratory based exploratory work  □ Working prototype  □ Market ready product (may or may not have received regulatory approval)  Please provide more details here *(100 words max)*: |
| **Details of any previous clinical, patient, and public involvement in developing the technology *(100 words max)*** |
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| **Details of any Intellectual Property the technology has created, is expected to create, or depends on *(100 words max)*** |
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*If you wish to hold a workshop as part of the* ***Translate Technology Accelerator Package****, please complete the section below with your initial proposal. Successful applicants will work with a dedicated Technology Innovation Manager to further develop and refine their workshop plans.*

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| **Proposed Consultation Workshop** |
| **Title of the proposed consultation workshop *(20 words max)*** |
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| **Summary of the consultation workshop aims and objectives *(200 words max)*** |
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| **Describe the anticipated outcomes, deliverables, and benefits of the consultation workshop *(200 words max)*** |
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| **How will you work alongside your dedicated Technology Innovation Manager to interpret the outcomes from the consultation event and advance the technology? What will be the anticipated next steps? What follow-on funding will you pursue? *(200 words max)*** |
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| **Anticipated month/year of the proposed consultation workshop *(MM/YYYY)*** |
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*If you wish to access other forms of support via the* ***Translate Technology Accelerator Package*** *(as listed in the call document), please complete the section below with your initial plans. Successful applicants will work alongside a dedicated Technology Innovation Manager to further develop these plans, and identify the best steps to further progress the technology.*

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| **Other Forms of Support** |
| **Describe how you would like to use the £3,000 direct funding and £10,000 in-kind support offered by the package to enhance and progress your project? *(200 words max)*** |
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*Applicants must ensure they have discussed their project with their relevant business development manager or technology transfer office before submitting an application. Please provide the contact details of the person who you have discussed your project with.*

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| **Business Development/Technology Transfer Office Contact** | |
| **Full Name** |  |
| **Job Title/Role** |  |
| **Email Address** |  |
| **Phone Number** |  |

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| --- | --- | --- |
| **Signatures** | | |
| **Applicant** | **Signature** | **Date** |
| **Business Development/Technology Transfer Office** | **Signature** | **Date** |