# Translate Technology Co-Development 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** |  |

*Please complete the sections below with an overview of the background to your workshop idea, including an overview of the clinical need or market opportunity (which you wish to explore, or which your technology addresses), and the background to your existing technology or technology opportunity (if you have an existing technology or technology opportunity you specifically wish to explore in a workshop).*

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| **Background** |
| **Overview of the unmet clinical need or market opportunity you wish to explore in a workshop, or which your technology addresses (*200 words max)*** |
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| ***(if relevant)* Background, description, and current status of the new technology or opportunity that you wish to explore in a workshop (*200 words max)*** |
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| ***(If relevant)* 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):* |

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| **The Proposed Workshop** |
| **Title of the proposed workshop *(20 words max)*** |
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| **Summary of the workshop aims and objectives *(200 words max)*** |
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| **Describe the anticipated outcomes, deliverables, and benefits of the 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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| **If there are any organisations or individuals which you would like to partner with to deliver the workshop, please provide details below. If you have any previous engagement, please provide further information. *(200 words max)*** |
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| **Anticipated month/year of the proposed workshop *(MM/YYYY)*** |
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***Academic applicants*** *must ensure they have discussed their application with their relevant business development manager or technology transfer office before submission. Please provide the contact details of the person you have discussed your application with.*

***Clinical and industry applicants*** *must ensure they have discussed their application with their line manager prior to submission. Please provide the contact details of the person you have discussed your application with.*

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

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