NHS
National Institute for Health Research

Invention for Innovation (i4i) Programme
Future Product Development Funding Stream 3b - Outline Application

Reference Number XX-XX-XXXX-XXXXX

For office use only

IMPORTANT
Before completing this form, please read the accompanying Guidance Notes.
Note the maximum field sizes shown include both printing and non printing characters such as spaces and carriage returns.

THIS FORM MUST BE RETURNED BY XXXX XXXXXXXXXX XXXX XXXX.

Reference Number:

Date submitted:

1. Application

Short Project Title*:

Project Duration *: (months)

Total funding requested *: (£'s)

Proposed Start Date *:

Estimated Project Spend *: (£'s)

2. Lead Applicant's Details

Title*: Please select..

Surname*:

Forename*:

Post held*:

Department*:

Role in Project*:

3. Contact Details

Institution*:

Street*:

Town/City*:

County*:

Post Code*:

Telephone*: Extension:

Mobile: Fax:

e-mail Address*:

Where did you hear about the programme*: (drop down) Please select.....

* field is mandatory (see Guidance notes)

App Ref No: XX-XX-XXXX-XXXXX

4. Co-Applicant Details

Co-applicant 1

Title: Please select..

Surname:

Forename:

Post held:

Department:

Organisation:

Telephone:

Extension:

e-mail Address:

Role in Project:

Co-applicant 2

Title: Please select..

Surname:

Forename:

Post held:

Department:

Organisation:

Telephone:

Extension:

e-mail Address:

Role in Project:

Co-applicant 3

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail Address:	
Role in Project:	

Co-applicant 4

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail Address:	
Role in Project:	

Co-applicant 5

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail Address:	
Role in Project:	

Co-applicant 6

Title:	Please select..
Surname:	
Forename:	
Post held:	
Department:	
Organisation:	
Telephone:	
Extension:	
e-mail Address:	
Role in Project:	

5. Synopsis*

Please provide some background for the project, the aims of the project along with the potential impact. **(Maximum 2500 characters).**

6. Clinical Need and Relevance to the NHS*:

Please indicate the clinical need of the proposed device/technology and its relevance to both the NHS and global markets. Please refer to Criterion 1 within the Guidance Notes.
(Maximum 5000 characters)

7. Innovation and Intellectual Property*:

Please outline the innovation and potential to generate and exploit intellectual property. Please refer to Criterion 2 within the Guidance Notes. **(Maximum 5000 characters)**

8. Development and Exploitation*:

If successful, please indicate your plans for disseminating the findings of this project. In addition, also indicate how the project could be taken further and how any IPR generated could be exploited**.** Please refer to Criterion 3 within the Guidance Notes. **(Maximum 5000 characters)**

9. Please provide details of patient and user representative involvement in the proposed project*:
If PPI is not relevant at this stage please provide reasons. **(Maximum 2500 characters)**

10. Proposed level and nature of public and patient involvement in the project*:

Please tick all relevant boxes

	Consultation	Collaboration	User led / user controlled
Development of the grant application	☐	☐	☐
Design and management of the project	☐	☐	☐
Undertaking the project	☐	☐	☐
Analysis	☐	☐	☐
Dissemination of project findings	☐	☐	☐

Consultation
Researchers consult members of the public about the project e.g. through individual contacts, one-off meetings.

Collaboration
This includes active, on-going partnerships between researchers and members of the public e.g. involvement of members of the public on the project steering group, or as research partners on a project.

User led / user controlled
Members of the public lead the project and are in control of the project. This is often, through a community or voluntary organisation led by service users.

11. Declaration concerning other Applications*

Has this application been submitted to either HTD or FPD3 previously?:
(Yes/No) Please Select

If yes, please provide us with details **(Maximum 1000 characters):**

:

Has this project been previously funded by NEAT, FPD1 or FPD2?
(Yes/No) Please Select

If yes, please provide us with details **(Maximum 1000 characters):**

Has the proposed project formed the basis for applications for funding from other sources? (Yes/No) Please Select

If yes, please provide details: **(Maximum 1000 characters):**