# SBRI Healthcare Phase 1 Application Form

This Word version of the SBRI Healthcare application form can be used to prepare information to be copied into the online application form; it **cannot** be submitted as an application. Only applications submitted online via the [Programme Management Office (PMO) Research Management System (RMS)](https://sbrihealthcare.co.uk/competitions/open-competitions/) will be accepted.

Introduction

There are a number of **online guidance prompts**(marked as Help ) available to you throughout the online form to help you when completing an application. It is **strongly advised** that you also read the relevant [Guidance for Applicants](https://sbrihealthcare.co.uk/competition/competition-18/)before completing your application.

**Please keep the use of acronyms to a minimum**. Only use acronyms where a term is used frequently throughout the application. If you do choose to use an acronym, do not assume that the reader knows what it means, and be sure to define it when first used.

You are strongly advised to structure the longer sections of the application form (particularly the Project Description and Breakdown) in such a way that they can be read easily by reviewers. **The use of long passages of dense, unstructured text should be avoided.**

Schematics, tables, illustrations, graphs, and other types of graphics can be embedded to clarify the project plan but they should not clutter the central narrative. Images do not count towards the overall word count but inclusion of them to overcome word limits is not permitted. Images may only be included within the Project description and breakdown.' **Images included in other sections will be removed from the application and not seen by reviewers**.

**The deadline for this call is 1.00pm on 24 August 2021**

Members of the project team will need to be registered and approved on the RMS before they can be added to an application. Applicants will need to register on the PMO RMS before being added to the application as a team member; if they accept, they will receive a further email to confirm and approve their participation. The same process applies with the clinical partners and sub-contractors.

Please note that the application will not submit unless all team members have confirmed their involvement and then approval of the application form content.

**Although confirming and approving an application can be done at any time during the submission of an application, you are strongly advised to do this well in advance of the deadline.**

If you have any queries with your application, you can contact the SBRI Healthcare Programme Management Office at [SBRI@LGCGroup.com](mailto:SBRI@LGCGroup.com)

Section 1: Application Summary

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| **Application title** |
| Help The project title should state clearly and concisely the proposed research. Any abbreviations should be spelled out in full. |
| *100 words* |

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| **Sub-challenge selection** |
| HelpSelect the appropriate sub-challenge and the associated sub-category which you are applying under. This allows us to ensure the most appropriate reviewers are assigned to the application. |
| Select from drop-down list:  Stroke and technology: Pre-hospital diagnosis  Stroke and technology: Rehabilitation  Stroke and technology: Life after stroke  Delivering a Net Zero NHS: Reducing emissions from care miles  Delivering a Net Zero NHS: Reducing emissions from surgical pathways  Delivering a Net Zero NHS: Reducing nitrous oxide emissions  Delivering a Net Zero NHS: Tools to support low-carbon decision making |

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| **Host organisation (which will administer any award):** |
| Please give details of the organisation who will be responsible if the project is funded.  *NOTE: If your organisation does not appear on this list, please contact the SBRI Healthcare PMO using Contact Us on the RMS Portal.* |
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| **Contract start date** |
| Help Projects are expected to start approximately six weeks after the SBRI Healthcare Selection Panels and a provisional start date will be notified to successful applicants. Please indicate the earliest date you are able to commence the project. |
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| **Contract duration** |
| Help Enter the length of the desired SBRI Healthcare contract as a number of months (6 months maximum). |
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| **Total contract cost** |
| Help This field will automatically populate once you have completed the budget section. |
| **[Auto populated]** |

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| **Type of innovation** |
| Select from drop-down list:  Existing technology, new application  Existing technology with new modifications  New technology prototype  New technology concept |

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| **Technology readiness level (TRL)** |
| Select from drop-down list:  TRL 1 - Basic research  TRL 2 - Technology concept formulated  TRL 3 - Experimental proof-of-concept  TRL 4 - Technology validated in laboratory setting  TRL 5 - Technology validated in relevant environment  TRL 6 - Technology demonstrated in relevant environment  TRL 7 - System prototype and/or operational demonstration  TRL 8 - System complete and qualified  TRL 9 - System proven in operational environment |

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| **Health category** | |
| Please first click on UKCRC Health Categories list (blue box) to select your categories, before clicking Show Summary for classifications.  HelpSelect the most appropriate health categories related to your application. | |
| UKCRC Health Categories  blood,  cancer  cardiovascular  ear  eye  generic healthcare relevance  infection, inflammatory & immune system  injuries & Accidents  mental health, | metabolic & endocrine  musculoskeletal  neurological  oral & gastrointestinal  other  renal & urogenital  reproductive health & childbirth  respiratory  skin  stroke |

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| **Market segment** | |
| Help Select the most appropriate market segment related to your application. | |
| Select from drop-down list  In-vitro diagnostics  cardiology  diagnostic imaging  orthopaedics  ophthalmic  respiratory  surgery  endoscopy | drug delivery  cancer  dental  diabetic care  wound management, healthcare IT  neurology  nephrology  ear nose & throat |

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| **Market size** |
| Help Please describe the market size for your proposed technology/device/solution. |
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| **AHSN involved in the project** |
| Help If you have engaged with an AHSN during this project please select the AHSN below. If you have engaged with multiple AHSNs please select the network you have worked with the most. |
| Select from drop-down list  East Midlands  Eastern  Greater Manchester  Health Innovation Network (South London)  Imperial College Health Partners  Kent, Surrey and Sussex  Innovation Agency (North West Coast)  Oxford  South West  UCL Partners  Wessex  West Midlands  West of England  Yorkshire & Humber  N/A |

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| **AHSN involved in the project** |
| Help Please describe the role of the AHSN in the project. |
| *50 words* |

Section 2: Company Details

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| **Company website** |
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| **Company registration number** |
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| **VAT registration number** |
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| **Region** |
| Select from drop-down list  East Midlands  East of England  London  North East  North West  South Central  South East Coast  South West  West Midlands  Northern Ireland  Scotland  Wales  International  Yorkshire and The Humber  Republic of Ireland |

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| **Type of organisation** |
| Select from drop-down list  Academic  NHS  SMEs  Corporate  NHS Organisation  Not for Profit (third sector) |

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| **Company size** |
| **Help** An SME is a small or medium-sized enterprise. According to the EU, definition of an SME is a business with fewer than 250 employees, and a turnover of less than €50 million |
| Select from drop-down list  Micro <10 employees,  Small <50 employees,  Medium <250 employees,  Large >250 employees |

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| **Company status** |
| Select from drop-down list  Pre start-up,  Start-up <1 year,  Established 1-5 years,  Established 5-10 years,  Established >10 years |

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| **Main business activity** |
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| **Annual turnover** |
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Section 3: Plain English Summary

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| **Plain English Summary** |
| HelpA plain English summary is a clear explanation of your project.    Please note this summary may be used to inform reviewers, including experts who might not have specialist knowledge of your field as well as members of the public, of your funding application. If your application for funding is successful, the summary may be used on the SBRI Healthcare website    A good quality plain English summary providing an easy to read, free of jargon, overview of your whole study will help:  1) those carrying out the review (reviewers and panel members) to have a better understanding of your project proposal  2) inform others about your project such as members of the public, health  professionals, policy makers and the media  3) the research funders to publicise the research that they fund.    If it is felt that your plain English summary is not clear and of a good quality then you may be required to amend it prior to final funding approval.    It is helpful to involve patients/carers/members of the public in developing a plain English summary.  Content:  When writing your summary consider including the following information where appropriate:  1. aim(s) of the project  2. background to the project  3. design and methods used  4. patient and public involvement  5. dissemination    The plain English summary is not the same as a scientific abstract - please do not cut and paste this or other sections of your application form to create the plain English summary. |
| *300 words* |

Section 4: Project Plan

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| **4a. Description of proposed technology/device/service** |
| Help Describe your proposed solution with particular reference to the below areas:   * Provide a brief description of the proposed solution. * What is the problem that the solution aims to address and how does this meet the published challenge brief? * What is the current development state of the proposed solution? * What are the expected outcomes of the project? * How will the solution benefit patients, the NHS and/or the Social Care sector and the wider market? |
| *500 words* |

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| **4b. Project description and breakdown** |
| Help Provide a breakdown of the project with particular reference to the below areas   * Provide a breakdown of the Phase 1 work-packages, including the key measurable deliverables for each work-package and how these will be delivered. * Upload a project Gantt chart to support the project breakdown. * Detail the key risks to the project and state how these will be mitigated against. * Provide an overview of the Phase 2 work-packages and deliverables. |
| *1000 words* |

**Gantt Chart (PDF)**

attachAttach

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| **4c. Milestones** | | |
| Help Provide up to 5 milestones, relating to the Phase 1 project deliverables, along with timings and appropriate success criteria. Including, but not limited to, technical, clinical, commercial, regulatory and ethical approvals. | | |
| **Milestone** | **Success Criteria** | **Completion Month** |
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| **4d. Key competitors and unique selling points** |
| Help Define the market you plan to address with particular reference to the below areas:   * Provide a brief description of the market, including size, barriers to entry, and cost of the problem. * Provide details of any competing technologies or alternatives, either on the market or in development, and describe the advantages and innovativeness of your proposed solutions over these (i.e. what is your unique selling point.) If there are no comparable products, what would be the advantage over the current standard of clinical care? |
| *300 words* |

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| **4e. Intellectual property** |
| Help Describe any IP that will be developed and utilised during the project with particular reference to the below areas:   * Provide details of any relevant existing IP that will be utilised during the project and the current ownership arrangements, including patents or patent applications. * Provide details of any IP which will be produced or improved during the project and how this IP will be captured and managed. * Provide details of any Freedom to Operate (FTO) searches that have been conducted to date. If no search has been conducted please explain your rationale. |
| *300 words* |

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| **4f. Commercialisation and NHS / Social Care implementation strategy** |
| Help Provide an overview of your commercialisation strategy with particular reference to the below areas:   * Give an overview of your commercialisation and business plans, from feasibility to market launch with consideration to whom will use the solution, how it will be purchased and the likely cost of the solution. * Provide details about the market segmentation, pricing strategy and potential barriers to adoption. * Give an overview of how you will engage with the NHS / Social Care settings to ensure the solution is implemented into the current care pathways. |
| *500 words* |

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| **4g. Patient and public involvement and engagement (PPIE)** |
| It is anticipated that most projects will have a PPIE component, which must be clearly described. Applicants should identify the relevant patient/user group(s) for their application and engage with those groups at an early stage. Further guidance and PPIE resources can be found under [Patient and Public Involvement](https://www.invo.org.uk/resource-centre/resource-for-researchers/). Please include the following areas:   * What are your plans for involving patients and the public in your research? * How have relevant patient groups been involved in the design and development of the innovation to date? |
| 300 words |

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| **4h. Equality, diversity and inclusion and net zero policy** |
| The SBRI Healthcare programme supports NHS England and NHS Improvement’s commitment to:  a. minimise health inequalities;  b. realise net-zero emissions by 2040.  Please explain how the proposed technology enhances equity of access (e.g. takes account of underserved ethnic or economic groups) along with the steps to understand and alleviate potential negative impacts, and how it will contribute to net-zero emission by 2040.  More information on what constitutes a health inequality can be found on [The King’s Fund website](https://www.kingsfund.org.uk/publications/what-are-health-inequalities).  The “Delivering a ‘Net Zero’ National Health Service” report can be found on the [Greener NHS website](https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf). |
| 300 words |

Section 5: Team

Include details of key team members and sub-contractors (including advisors and consultants).Clearly state the role of each team member/sub-contractor.

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| **5a. Team members** |
| Help Add details of all team members and their role in the project. Do not include sub-contractors in this section.  Team members are those individuals with responsibility for the day to day management and delivery of the project. Team members are considered part of the project team and are expected to share responsibility for its successful delivery.  Members of the project team will need to be registered and approved on the RMS before they can be added to an application. After being added to the application, they will first be ‘invited’ by the RMS to participate as a team member; if they accept, they will receive a further email to both confirm and then approve their participation. The same process applies with the clinical partners and sub-contractors.  Please note that the application will not submit unless all team members have confirmed their involvement and then approval of the application form content. |
| **Popup = Add Contact** |
| **Title: Team member** |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |

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| **Details of team members** |
| **Popup = Add team member...** |
| **Title: Add team member** |
| **Input: Name of team member**  HelpPlease note a colleague should first be 'invited', once this has been completed their details will automatically appear in the field below. |
| **Input: Job title (10 words)** |
| **Input: Role performed in project (10 words)** |
| **Input: Time allocated to project (expressed as FTE %) (5 words)** |
| **Input: Relevant experience (100 words)** |

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| **5b. Sub-contractor(s) and advisor(s)** |
| Help Add details of all sub-contractors and advisors and their role in the project. Sub-contractors normally provide specific expertise on particular aspects of the project as a service for a fee. |
| **Popup = Add Contact** |
| **Title: Sub-contractor or advisor** |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |

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| **Details of sub-contractor(s) and advisor(s)** |
| **Popup = Add sub-contractor...** |
| **Title: Add sub-contractor or advisor** |
| **Input: Name of sub-contractor or advisor**  HelpPlease note a colleague should first be 'invited', once this has been completed their details will automatically appear in the field below. |
| **Input: Organisation (10 words)** |
| **Input: Role performed in project (10 words)** |
| **Input: Time allocated to project (expressed as FTE %) (5 words)** |
| **Input: Relevant skills/attributes (100 words)** |

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| **5c. Clinical partner(s)** |
| Help Add details of any clinical partner and their role in the project. |
| **Popup = Add Contact** |
| **Title: Clinical partner** |
| **Input: First name** |
| **Input: Last name** |
| **Input: Email** |

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| **Details of clinical partner(s)** |
| **Popup = Add clinical partner...** |
| **Title: Add clinical partner** |
| **Input: Name of clinical partner**  HelpPlease note a colleague should first be 'invited', once this has been completed their details will automatically appear in the field below. |
| **Input: Organisation (10 words)** |
| **Input: Role performed in project (10 words)** |
| **Input: Time allocated to project (expressed as FTE %) (5 words)** |
| **Input: Relevant experience (100 words)** |

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| **5d. Other posts** |
| HelpTeam members and posts that are yet to be appointed can be included in this section. Please provide job title and FTE (%). |
| *300 words* |

Section 6: Budget

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| **6a. Application finances** | |
| Help A summary of the finances for the contractor and any subcontractors should be provided below. Please indicate line-by-line NET costs of labour, materials, capital equipment, sub contract, travel & subsistence, indirect costs, other. Please note that, without exception, all cost categories attract a VAT charge at 20%. Please indicate the TOTAL VAT for all costs in the respective row. | |
| **Labour costs** |  |
| **Materials cost** |  |
| **Capital Equipment costs** |  |
| **Sub-contract costs** |  |
| **Travel and Subsistence costs** |  |
| **Indirect costs** |  |
| **Other costs** |  |
| **Total NET costs** | **Auto populated** |
| **Total VAT at 20%** | **Auto populated** |
| **Total GROSS costs** | **Auto populated** |

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| **6b. Justification** |
| Provide a complete breakdown and justification for the above costs, including indirect costs and other costs (ALL COSTS SHOULD INCLUDE VAT), including daily rates for staff involved and quotes from subcontractors where applicable. (Please note the assessors are required to judge the application finances, in terms of value for money, i.e does the proposed cost for effort and deliverables reflect a fair market price.) |
| *500 words* |

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| **Finance Sheet**  Please download the [Finance Template](https://sbrihealthcare.co.uk/wp-content/uploads/2021/02/SBRI-Finance-Template-v2.xlsx) (automatic download), and then upload the completed copy as .xlxs |
| attachAttach |

Section 7: Supporting Information

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| **Uploads** |
| If required, an additional supporting (single side of A4) document can be submitted with your application form (e.g., a flow diagram illustrating the study design and the flow of participants, diagrams, pictures etc.). If submitting a flow diagram, applicants should also describe complex interventions and controls as accurately and fully as possible within their diagram. |
| [list of attachments auto populated] |

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| **Additional Supporting Document (pdf)** |
| attachAttach |

Section 8: Administrative Contact Details

Please provide the details of the administrative contact, in the host organisation as a secondary point of contact for any queries relating to the application, should it be supported.

NOTE: This person does not need to be a team member

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| **Administrative contact name** |
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| **Administrative contact job title** |
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| **Administrative contact telephone number** |
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| **Administrative contact email address** |
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Section 9: Validation Summary

Please follow the next steps in order to complete your application submission process:

* Validate all mandatory/required fields listed below (that are required to be completed/amended) before submitting
* Check all co-applicants have completed their details as appropriate and review the PDF final version for any formatting issues
* Click 'Save and Close'
* Click the 'Submit' option

You will receive an automated email containing the acknowledgment that we have received your application.

**[list of validation errors auto populated]**

If there are no validation requirements above you may be ready to submit the application. To do so 'Save and Close' the application and then click ‘Submit’.

**Please note that your application cannot be submitted until all applicants have both confirmed and approved the application; at this point the 'Submit' button becomes available and can be used.**