# SBRI Healthcare Phase 3 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  ) 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/wp-content/uploads/2022/06/SBRI-C21-P3-Applicant-Guidance_Final.pdf)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 26 July 2022**

Members of the project team as well as partners, advisors and sub-contractors, will need to be registered and approved on the RMS before they can be added to an application. All team members, partners, advisors and sub-contractors will need to register on the PMO RMS before being added to the application as a team member or partner; if they accept, they will receive a further email to confirm their participation.

Please note that the application will not submit unless all team members, partners, advisors and sub-contractors have confirmed their involvement.

**Although confirming their involvement in an application can be done at any time during the submission of an application, they 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

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.  |
| *50 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:* Respiratory disease: early diagnosis
* Respiratory disease: monitoring and management, accessing the right care at the right time
* Prevention of cardiovascular diseases: early detection of high-risk individuals
* Prevention of cardiovascular diseases: improving prevention strategies
* Prevention of cardiovascular diseases: patient empowerment and self-management
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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 option 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. 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 (12months maximum). |
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| **Total contract cost (NET)** |
| 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 applicationExisting technology with new modificationsNew technology prototypeNew technology concept |

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| **Technology readiness level (TRL)** |
| Select from drop-down list:TRL 1 - Basic researchTRL 2 - Technology concept formulatedTRL 3 - Experimental proof-of-concept TRL 4 - Technology validated in laboratory settingTRL 5 - Technology validated in relevant environmentTRL 6 - Technology demonstrated in relevant environmentTRL 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 Categoriesblood cancer cardiovascular eareye generic health relevanceinfection inflammatory & immune system injuries & Accidentsmental health  | Congenital Disordersmetabolic & endocrinemusculoskeletal neurologicaloral & gastrointestinalotherrenal & urogenitalreproductive health & childbirthrespiratoryskinstroke |

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| **Market segment** |
| Help Select the most appropriate market segment related to your application. |
| Select from drop-down listIn-vitro diagnosticscardiologydiagnostic imagingorthopaedicsophthalmicrespiratorysurgeryendoscopy | Otherdrug deliverycancerdentaldiabetic carewound management healthcare ITneurologynephrologyear nose & throat |

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| **Market size** |
| Help Please describe the market size for your proposed technology/device/solution. |
| *100 character Limit* |

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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 listEast MidlandsEasternGreater ManchesterHealth Innovation Network (South London)Imperial College Health PartnersKent, Surrey and SussexInnovation Agency (North West Coast)North East and North CumbriaOxfordSouth WestUCL PartnersWessexWest MidlandsWest of EnglandYorkshire & HumberN/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: Organisation Details

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|  **Organisation website** |
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| **Company registration number** |
|  Commercial companies must provide a registration number. NHS and Higher Education Institution may use N/A |
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| **VAT registration number** |
|  VAT registered organisations must provide a VAT number. VAT exempt organisations may use N/A |
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| **Region** |
| Select from drop-down listEast Midlands East of EnglandLondonNorth EastNorth WestSouth CentralSouth East CoastSouth WestWest MidlandsNorthern IrelandScotlandWalesInternationalYorkshire and The HumberRepublic of Ireland |

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| **Type of organisation** |
| Select from drop-down listAcademicNHSSMEsCorporateNot for Profit (third sector) |

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| **Organisation 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 listMicro <10 employees,Small <50 employees,Medium <250 employees,Large >250 employees |

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| **Organisation status** |
| Select from drop-down listPre 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](https://sbrihealthcare.co.uk/) 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 proposal2) inform others about your project such as members of the public, health professionals, policy makers and the media3) 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.ContentWhen writing your summary consider including the following information where appropriate:1. aim(s) of the project2. background to the project3. design and methods used4. patient and public involvement5. 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. Description of the innovation’s evidence accumulated to date** |
|  Please include the following areas: * **At what stage of development is your innovation?**
* Is this innovation currently in use in the NHS or elsewhere? *(If yes please specify whether this is in a research setting, piloted roll out, or routine use)*
* What level of regulatory approval does the innovation have *(e.g., CE marking, UKCA, NICE approval). Please attach relevant approval documents where appropriate.*
* Please describe the level of readiness (e.g., commercialization in the UK and/or abroad, financial support received, further adaptations needed for adoption).
* **Where does your innovation fit within the care pathway? Please attach a pathway map** showing the innovation disrupted pathway. Please aim to include all steps in the pathway (including referral, triage, assessment etc). Where possible please include statistics or percentages of patients/referrals going down the different routes within the pathway.
* **What is the evidence?** Please provide a narrative explaining the evidence base and what has been done so far to demonstrate that this innovation can address the selected challenge. Please include any patient outcomes, reference any trials or evaluation studies, and any relevant data.
* **Are there any preliminary considerations** on how the technology would impact on health services and how the system will need to adapt (including people, processes, and culture) in order to deliver system-wide benefits (e.g. output of NICE META tool, other).
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| *700 words* |

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| **4c. Project description and breakdown** |
|  Provide a breakdown of the project with particular reference to the below areas: * A breakdown of the proposed work packages, including the key measurable deliverables and success criteria for each work-package and how these will be delivered.
* Upload a project Gantt chart to support the project breakdown in Section 7: Supporting Information.
* Detail the key risks to the project and state how these will be mitigated against.
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| *1000 words* |

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| **4d. Milestones**  |
|  Please provide up to 10 milestones, relating to the proposed project deliverables, along with timings and appropriate success criteria. Including, but not limited to, technical, clinical, commercial, procurement, and ethical approvals. The number of milestones should be appropriate for the project, and you do not need to use the maximum number.  |
| **Milestone no.**Help Enter sequential milestone numbers.  | **Milestone** | **Delivery date** | **Resource** | **Success criteria** |
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| **4e. 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?
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| *300 words* |

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| **4f. 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.
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| *300 words* |

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| **4g. Commercialisation and NHS / Social Care implementation strategy** |
|  Provide an overview of your commercialisation and implementation strategies, with particular reference to the below areas: * An overview of your commercialisation and business plans, with consideration to whom will use the solution, how it will be purchased and the likely cost of the solution.
* Describe your business model for adoption, including implementation costs/implications, workforce requirements, etc, including details about how you will engage with the NHS/Social care settings to ensure adoption in care pathways (current or redesigned)
* Sustainability/ spread: what are the expected timescales for regional/national spread? What are the further steps needed for adoption after the project?
* Plans for long term sustainability of the technology, including plans for internationalisation
* How will you ensure that the innovation is affordable to the NHS and wider system such as Integrated Care Systems (ICSs) both immediately and throughout the life of the product?
* What evidence (e.g., health economics and impact) are required before the technology can be adopted?
* An overview of whether additional funding will be required to adopt the solution; this would include plans to raise capital (investments rounds, public funding, etc).
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| *1000 words* |

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| **4h. 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 project (details of engagement and involvement with patients, public members and/or service users with particular milestones)?
* How have relevant patient groups been involved in the design and development of the innovation to date?
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| 300 words |

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| **4i. Equality, diversity and inclusion and net zero policy**  |
| The SBRI Healthcare programme supports NHS England and NHS Improvement’s commitment to: a. minimise and reduce 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 socio-economic groups) along with the steps to understand and alleviate potential negative impacts and how it will contribute to net-zero emission by 2040, by considering the Product/solution lifecycle from start to end of the pathway (manufacturing, supply, use in the pathway and end of the product’s lifecycle) and Impact on carbon emissions.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, partners and consultants). Clearly state the role of each team member/sub-contractor.

**Members of the project team will need to be registered and approved on the RMS before they can be added to an application.**

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| **5a. Team members** |
| Help Add details of all team members and their roles in the project firstly by ‘Add Contact’ followed by ‘Add team member’; note that the lead applicant contact does not need to be added as they are automatically listed under ‘Add team member’. 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 confirm 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 participation. |
| **Popup =** **Add Contact** |
| **Title: Co Applicant** |
| **Input: First name**  |
| **Input: Last name**  |
| **Input: Email**  |

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| **5a. Details of team member roles** |
| **Popup = Add role details...** |
| **Title: Add role details** |
| **Input: Name of team member** HelpPlease note a colleague should first be 'invited' to participate in this application by ‘Add Contact’ above. Once this has been completed, they will be listed here for selection. |
| **Input: Job title** 100 character Limit |
| **Input: Role performed in project** 100 character Limit |
| **Input: Time allocated to project (expressed as FTE %)**  |
| **Input: Relevant experience** 100 word Limit |

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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** |
| **Input: First name** |
| **Input: Last name**  |
| **Input: Email** |

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| **5b. Details of sub-contractor and advisor roles** |
| **Popup = Add role details...** |
| **Title: Add role details** |
| **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** 100 character Limit |
| **Input: Role performed in project**  100 character Limit |
| **Input: Time allocated to project (expressed as FTE %)**  |
| **Input: Relevant skills/attributes** 100 word Limit |

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| **5c. Clinical/healthcare professional (HCP) partner(s)** |
| Help Add details of any clinical or HCP 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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| **5c. Details of clinical/HCP partner(s) roles** |
| **Popup = Add role details...** |
| **Title: Add role details** |
| **Input: Name of clinical/HCP 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** 100 character Limit |
| **Input: Role performed in project** 100 character Limit |
| **Input: Time allocated to project (expressed as FTE %)**  |
| **Input: Relevant experience** 100 word Limit |

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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** |
| * A summary of the finances for the contractor and any subcontractors should be provided below. Please indicate line-by-line incurred NET costs of labour, materials, capital equipment, sub contract, travel & subsistence, indirect costs, other.
* Please note that, the total costs may incur an output VAT charge at 20%.
 |
| **Labour costs** |  |
| **Materials cost**  |  |
| **Capital Equipment costs** |  |
| **Sub-contract costs** |  |
| **Travel and Subsistence costs** |  |
| **Indirect costs** |  |
| **Other costs** |  |
| **Total NET costs** | **Auto populated** |
| **Please confirm if you will be charging VAT at 20%** | **Yes/No tick box** |

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| **6b. Justification** |
| Provide a complete breakdown and justification for the above costs, including indirect costs and other costs 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* |

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. **NOTE: Uploads MUST be provided as a Word or PDF document, or you may not be able to submit your application. Documents exceeding the defined page limit will NOT be reviewed.** |
| Care pathway (1 single side of A4, mandatory)Regulatory approval document and Evidence (5 single sides of A4, mandatory)Gantt chart (1 single side of A4, mandatory)Finance spreadsheet (mandatory)Additional supporting document (1 single side of A4, optional) |

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 team members 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 confirmed their participation; at this point the 'Submit' button becomes available and can be used.**