NHS INNOVATION ACCELERATOR 2027 INTAKE

*** Question is required for completion of application.**

	Registration Details
	First Name
	Last Name
	Email Address

Welcome to your NHS Innovation Accelerator Main Application

1*	**I am:** ***(Circle your selected answer)***
a)	Applying for myself
b)	Applying on behalf of someone else

1.B.1	**Your name:** ***(Complete question if you answered 'b' for Q1)***
1.B.2	**Your email:** ***(Complete question if you answered 'b' for Q1)***
1.B.3	**Name of applicant:** ***(Complete question if you answered 'b' for Q1)***
1.B.4	**Email address of applicant:** ***(Complete question if you answered 'b' for Q1)***

Section A: GDPR

Introduction
The NHS Innovation Accelerator is hosted at UCLPartners. UCL Partners (“we” “us”, or “our”) respects your privacy and is committed to protecting your personal data. Please read this Privacy Notice carefully – it describes why and how we collect and use personal data and provides information about your rights. It applies to personal data provided to us, both by individuals themselves or by third parties. We keep this Privacy Notice under regular review. It was last updated on 06 August 2026.

About us
UCLPartners is a Health Innovation Network that brings together people and organisations to transform the health and wellbeing of the population. UCLPartners, a company incorporated in England and Wales

(06878225), is the entity that determines how and why your personal data is processed. This means that UCLPartners is the 'controller' of your personal data for the purposes of data protection law.

Purpose
Personal data is collected for the purposes of the NHS Innovation Accelerator application process so that we can contact you as to the outcome of your application. If you are successful in your application, then the contact details provided will be added to the NIA mailing database, for the purpose of providing you with programme related information and communications.

Personal data that we collect about you
Personal data, or personal information, means any information about an individual from which that person can be identified. It does not include data where the identity has been removed (anonymous data). In order to process your application, we will collect, use, store and transfer the following fields of personal data:

- **Name (and title)**
- **Job title**
- **Address**
- **Telephone number**
- **Employing organisation**
- **Email address**

Criminal records data
In certain circumstances, we may process data relating to your criminal convictions and offences. Access to, and the sharing of, this information is also controlled very carefully.

Our lawful basis for processing
Our basis for processing your personal data is 'Legitimate Interests'. Our basis for processing your criminal convictions data is 'Employment law obligations". We will only process criminal convictions information where this is necessary so that we can meet our obligations in the field of employment law.

How we use your personal data
We will only use your personal data when the law allows us to. We will use the personal data you have provided to process your application for the NHS Innovation Accelerator Programme. If, as part of your application, you consent to joining the NIA Mail List, then your data will be processed in order for NHS Innovation Accelerator to send you:
• Invitations to workshops and talks about improvement topics
• Notification of and requests to circulate information on programmes
• Any information available for support from the NIA Programme

Who we share your personal data with
Your personal data will be collected and processed primarily by NIA Team members. We may have to share your personal data with the parties set out below for the purposes outlined in this notice.

• NHS England, including sending them information on the innovation name, company name, description of the problem the innovation is addressing, and whether you have received support elsewhere – their privacy notice can be found here https://www.england.nhs.uk/contact-us/privacy-notice/

• Members of the Health Innovation Network (including the 15 Health Innovation Networks, *formerly known as Academic Health Science Networks*), including sending them information on the innovation name, company name, description of the problem the innovation is addressing, and whether you have received support elsewhere - their privacy notice can be found here https://thehealthinnovationnetwork.co.uk/privacy-policy/

• Submit.com – the 3rd party software used to collate and review your application – their Privacy Notice can be found here. We require all third parties to respect the security of your personal data and to treat it in accordance with the law.

We do not allow our third-party service providers to use your personal data for their own purposes – we only permit them to process your personal data for specified purposes and in accordance with our instructions.

Data security
We have put in place appropriate security measures to prevent your personal data from being accidentally lost, used or accessed in an unauthorised way, altered or disclosed. We have established procedures to deal with any suspected personal data breach and will notify you and any applicable regulator of a breach where we are legally required to do so.

International transfers
Submit.com is used as the application platform for applications, and therefore your data will be shared with Submit.com in order to store applications. Submit.com servers are based in Republic of Ireland (Éire), and Submit.com operates under 'Privacy Shield framework'. Therefore, please note that your data will not be transferred outside of the EU/EEA. Submit.com will process your personal data according to their Privacy Policy.

Data retention
We will only retain your personal data for as long as necessary to fulfil the purposes we collected it for, including for the purposes of satisfying any legal, accounting, or reporting requirements. If you are successful, your data is transferred to a restricted access folder at UCLPartners.

We will keep your personal data whilst we are assisting you and for a period of 1 year after the date on which your participation in the NHS Innovation Accelerator has completed – either as an active "Fellow" or as an "Alumni". The files are then destroyed.

If your application is unsuccessful then your data will be retained for a period of 6 months, after which it will be deleted from UCLPartners and Submit.com servers, however, it will be held in Submit.com backups for a maximum period of 12 months following deletion.

Your rights
Under certain circumstances, you may have the following rights under data protection laws in relation to your personal data:
• Right to request access to your personal data;
• Right to request correction of your personal data;
• Right to request erasure of your personal data;
• Right to object to processing of your personal data;
• Right to request restriction of the processing your personal data;
• Right to request the transfer of your personal data; and
• Right to withdraw consent. If you wish to exercise any of these rights, please contact us using the details set out below.

Contacting us
You can contact UCLPartners via the following details:

UCLPartners Data Protection Officer
UCLPartners
Hale House
76-78 Portland Place
London
W1B 1NT
Email: gdpr@uclpartners.com

Complaints
If you wish to complain about our use of personal data, please send an email with the details of your complaint to gdpr@uclpartners.com so that we can look into the issue and respond to you. You also have the right to lodge a complaint with the Information Commissioner's Office (ICO) (the UK data protection regulator). For further information on your rights and how to complain to the ICO, please refer to the ICO website at https://ico.org.uk .

Applicants must confirm they accept the use of their data as stated in the GDPR form prior to entering the full application.

2* **Please confirm that you have read, understood and accept the details provided in Section A: GDPR.**
(Circle all that apply)

a) Yes

3* **Horizon Scanning**

The Health Innovation Networks (HINs) may, on occasion, perform horizon scanning exercises in partnership with NHS England, Integrated Care Systems, NICE, Department of Health and Social Care, Office of Life Sciences and other public healthcare providers to understand what innovations are currently available to address certain priorities affecting the health and social care system. They may request from the NIA the following data from recent applications made to the NIA:

(Circle all that apply)

- **Applicant's first name**
- **Applicant's surname**
- **Applicant's email address**
- **Applicant's contact number**
- **Applicant's innovation name**
- **Innovation and / or Company name**
- **Innovation and / or Company website address**
- **Description of the problem the innovation is addressing**
- **Details of whether you have received support elsewhere**

Please confirm if you consent to the 15 Health Innovation Networks, etc., contacting you using the details provided to them during the horizon scanning exercise detailed above.

a) Yes

b) No

Section B: Equal Opportunities Monitoring Form

The NIA aims to appoint exceptional individuals regardless of their age, disability, gender reassignment, marriage and civil partnership, pregnancy or maternity, race, religion or belief, sex or sexual orientation. The NIA is an equal opportunity Fellowship programme and is committed to recruiting Fellows that reflect the diverse communities we serve. To ensure that the programme is open and accessible to all and that our policies are fairly implemented and monitored, and for no other reason, would you please provide the information requested below

The information you provide will NOT be used as part of the selection process; NOT be seen by the assessors and interview panel; only be fully viewed by the NIA internal team; be provided to NHS England, Department of Health and Social Care, and the Race and Health Observatory (RHO) in anonymised form for statistical purposes.

No information will be published which allows any individual to be identified. The form should only take a few minutes to complete.

4* **Please indicate by selecting an answer below if you will complete the Equal Opportunities Monitoring Form *(Circle your selected answer)***

a) I will complete the form

b) I will not complete the form

4.A.1* **Age *(Complete question if you answered 'a' for Q4) (Circle your selected answer)***

a) Under 18

b) 18-24

c) 25-34

d) 35-44

e) 45-54

f)	55-64
g)	65 or over
h)	Prefer not to say

4.A.2* **Disability** ***(Complete question if you answered 'a' for Q4) (Circle your selected answer)***

You will be considered as having a disability if you fit the definition as given in the Equality Act 2020. In the Act, a disability is a 'physical or mental impairment which has a substantial and long term adverse effect on a person's ability to carry out normal day to day activities'. For these purposes, 'long term' is taken to mean the condition is likely to last longer than 12 months or likely to recur.

a)	Prefer not to say
b)	Yes, I am aware I have a disability
c)	No, I do not have a disability
d)	As far as I am aware, I do not have a disability

4.A.3 **if Yes, "I am aware I have a disability" - please specify your disabilty** ***(Complete question if you answered 'a' for Q4)***

4.A.4* **Ethnicity** ***(Complete question if you answered 'a' for Q4) (Circle all that apply)***

a)	Prefer not to say
b)	Asian or Asian British: Indian
c)	Asian or Asian British: Pakistani
d)	Asian or Asian British: Bangladeshi
e)	Asian or Asian British: Chinese
f)	Asian or Asian British: Other Asian background
g)	Black or Black British: African
h)	Black or Black British: Caribbean
i)	Black or Black British: Other Black background
j)	Mixed Race: White and Asian
k)	Mixed Race: White and Black African
l)	Mixed Race: White and Black Caribbean
m)	Mixed Race: Other Mixed background
n)	White: British
o)	White: English
p)	White: Scottish
q)	White: Welsh
r)	White: Northern Irish
s)	White: Irish
t)	White: Gypsy or Irish Traveller

u)	White: Roma
v)	White: Any Other White Background
w)	Arab
x)	Other Ethnic Group, please specify

4.A.5 **Other Ethnic Group if not listed above, please specify** ***(Complete question if you answered 'a' for Q4)***

4.A.6* **Religion or Belief** ***(Complete question if you answered 'a' for Q4) (Circle your selected answer)***

a)	Prefer not to say
b)	Buddhist
c)	Christian
d)	Hindu
e)	Jewish
f)	Muslim
g)	Sikh
h)	Baha'i
i)	Jain
j)	No religion
k)	Other, please specify

4.A.7 **Other religion if not listed above, please specify here or proceed / move on to #4.A.8** ***(Complete question if you answered 'a' for Q4)***

4.A.8* **Gender Identity** ***(Complete question if you answered 'a' for Q4) (Circle all that apply)***

a)	Prefer not to say
b)	Man
c)	Woman
d)	Genderqueer or non-binary
e)	Agender
f)	Intersex
g)	Other, please specify

4.A.9 **Other gender if not listed above, please specify here or proceed / move on to #4.A.10** ***(Complete question if you answered 'a' for Q4)***

4.A.10*	**Have you gone through any part of a process (including thoughts or actions) to change from the sex you were described as at birth to the gender you identify with, or do you intend to? (This could include changing your name, wearing different clothes, taking hormones, or having any gender reassignment surgery).** ***(Complete question if you answered 'a' for Q4) (Circle all that apply)***
a)	Prefer not to say
b)	Yes
c)	No
4.A.11*	**Sexual Orientation** ***(Complete question if you answered 'a' for Q4) (Circle all that apply)***
a)	Prefer not to say
b)	Asexual
c)	Bisexual
d)	Gay Man / Homosexual
e)	Gay Woman / Lesbian
f)	Heterosexual / Straight
g)	Prefer to self-describe
4.A.12	**if you prefer to self-describe, please specify** ***(Complete question if you answered 'a' for Q4)***
4.A.13*	**Are you a parent or caretaker of children (under 18)?** ***(Complete question if you answered 'a' for Q4) (Circle your selected answer)***
a)	Prefer not to say
b)	Yes - primary caregiver
c)	Yes - secondary caregiver
d)	No
4.A.14*	**Are you a parent or caretaker of adults?** ***(Complete question if you answered 'a' for Q4) (Circle your selected answer)***
a)	Prefer not to say
b)	Yes - primary caregiver
c)	Yes - secondary caregiver
d)	No
5*	**Permission to Use Data Provided** ***(Circle all that apply)***

The programme uses this information to review compliance with its policies on equal opportunity in relation to recruitment. We will use this data to inform our statistics on the representation of the categories of individual as shown above. We will treat all personal information in line with current data protection legislation and our data protection policy. For more information on how we use the information you have provided, please see our privacy notice for applicants which can be found in Section A: GDPR of this application form. In order for us to process this information and to comply with data protection legislation, we require your consent. You are not required to give your consent; you acknowledge that any consent given is freely given. Your NIA application is not dependent on your giving consent to our processing of this data. Providing the information requested in this form signifies your consent to our processing of this information. Once you have given consent, you may withdraw it at any time by contacting NIA@uclpartners.com .

a)	I consent to the use of my data for monitoring purposes as per the statement above
b)	I do not consent to the use of my data for monitoring purposes as per the statement above

Section C: Due Diligence

Please be aware that the NIA will:

- **Carry out checks on social media and other searches to identify negative feedback related to the reputation/public perception of a Fellow and/or organisation being supported by the NIA.**
- **Complete a basic review of your innovation's competitors in the market.**
- **Consider your application in light of these findings.**

If successful, SMEs will also be required to provide the following (NHS organisations/public sector organisations do not need to provide this):

- **3 years of annual accounts.**
- **List of directors/advisors.**
- **Annual report.**

6* **Do you have any unspent criminal convictions?** ***(Circle your selected answer)***

If you have answered yes, please provide further details. Answering 'yes' to the question will not necessarily bar you from the programme. This will depend on the information you provide and whom and where the innovation will be used.

After you get a conviction or caution, it's usually 'unspent' for a specific amount of time. The amount of time depends on the type of punishment or sentence you got. An unspent conviction or caution means:

- **it's on your basic criminal record**
- **it will show up on any DBS check (criminal record check**

Most convictions or cautions then become 'spent' after a specific amount of time. This might be after a few months or years, or straight away.
A spent conviction or caution means:

- **it's not on your basic criminal record anymore**
- **it will only show up on a more detailed DBS check known as 'standard' or 'enhanced', unless it's removed ('filtered') from the DBS certificate.**

For more information on Spent and Unspent convictions, please check the information provided here.
You can check if a conviction or caution is spent or will become spent.
You can also read about different convictions or cautions, for example a court fine or a prison sentence.

a)	Yes
b)	No

7* **Is your organisation an NHS or a public sector organisation?** ***(Circle your selected answer)***

If your organisation not an NHS or a public sector organisation, you must complete questions below at Section C: 7.N.1 , 7.N.1.1, 7.N.1.2, 7.N.1.3,.7.N.1.4

a)	Yes
b)	No

7.B.1* **Do any of the following apply to your organisation (If yes, please provide details and outcomes):** ***(Complete question if you answered 'No' for Q7)***

Bankruptcy, insolvency, compulsory winding up, receivership, an arrangement with or for the benefit of creditors, a county court administration order made under the County Court Act 1984 or subject to relevant proceedings;
Legal or administrative finding of commission of an act of grave misconduct in the course of business;
Failure to obtain and maintain relevant licenses or membership of an appropriate trading or professional organisation where required by law;
Current, pending or threatened lawsuits and/ or litigation and/ or regulatory actions against the organisation?

7.B.2* **In the last three years, has any finding of unlawful discrimination been made against your organisation by any court or industrial or employment tribunal or equivalent body?** ***(Complete question if you answered 'No' for Q7) (Circle your selected answer)***

a) Yes

b) No

7.B.3* **In the last three years, has your organisation been the subject of a formal investigation by the Equality and Human Rights Commission or an equivalent body on grounds of alleged unlawful discrimination?** ***(Complete question if you answered 'No' for Q7) (Circle your selected answer)***

a) Yes

b) No

Section D: Applicant Information

The information in this section refers to the individual (Applicant), who is applying to become the NHS Innovation Accelerator Fellow.

8* **First Name**

Please provide the first name of the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

9* **Last Name**

Please provide the last name of the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

10* **Job Title**

Please provide the job title (within the substantive employment) of the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

11* **Employing Organisation**

Please specify the substantive employing organisation of the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

12* **Postal Address**

Please specify the first line of the postal address for the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow (and not the address of their employing organisation or registered company)

13* **Town or City**

Please specify the town of residence for the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow (and not the address of their employing organisation or registered company)

14* **Postcode or Zip Code**

Please specify the Post or Zip code for the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow (and not the address of their employing organisation or registered company)

15* **Country**

Please specify the Country of residence of the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow (and not the address of their employing organisation or registered company)

16* **Email Address**

Please specify the email address to which all correspondence can be sent for the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

17* **Contact Number**

Please specify the contact number (including dial code if outside of UK) preferably a mobile or cell phone number, for the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow

18* **Alternative Contact Name**

Please specify an alternative individual within the organisation who can be contacted alongside the individual (Applicant) who is applying to become the NHS Innovation Accelerator Fellow (must be someone who also works for the innovation)

19* **Alternative Email Address**

Please specify the email address for the alternative contact

20* **Alternative Contact Phone Number**

Please specify a phone number for the alternative contact

21* **Do you have any reasonable adjustments needs?** ***(Circle your selected answer)***

Please state any reasonable adjustments based on a disability or long-term health need that you might require during the recruitment process or if you are successful in gaining a Fellowship place (no word count).

a) Yes

b) No

21.A.1 **Please specify any reasonable adjustment needs:**
(Complete question if you answered 'a' for Q21)

Section E: Company / Employing Organisation

The information in this section refers to the company that substantively employs the individual, who is applying to become the NHS Innovation Accelerator Fellow.

Please note that questions (33.N.1 – 33.N.12) are relevant to those applicants that represent a registered company whether for profit or not for profit. This does not need to be completed for NHS or public sector organisations.

22* **Company Name**

Please specify the name of the employing organisation

23* **Is the employing organisation NHS or a public sector organisation?** ***(Circle your selected answer)***

Private companies will need to provide further information on their company.

Please note that questions (25.N.1 – 25.N.12) are relevant to those applicants that represent a registered company whether for profit or not for profit. This does not need to be completed for NHS or public sector organisations.

a) Yes

b) No

23.A.1 **if Yes, please specify**
(Complete question if you answered 'Yes' for Q23)

23.B.1* **Company/Employing Organisation Postal Address**
(Complete question if you answered 'No' for Q23)

23.B.2* **Company/Employing Organisation Town or City**
(Complete question if you answered 'No' for Q23)

23.B.3* **Company/Employing Organisation Postcode/ Zip Code**
(Complete question if you answered 'No' for Q23)

23.B.4* **Company/Employing Organisation Country**
(Complete question if you answered 'No' for Q23)

23.B.5* **Company/Employing Organisation Website Address**
(Complete question if you answered 'No' for Q23)

23.B.6* **Please provide a summary of your Company / Employing Organisation (max 100 words).**
(Complete question if you answered 'No' for Q23) (Min 20 words)(Max 100 words)

23.B.7* **Company type:**
(Complete question if you answered 'No' for Q23) (Circle your selected answer)

a) Charity

a) Community Interest Company

a) Limited Liability Partnership

a) Private Limited by Shares

a) Private Limited by Guarantee

a) Other (please specify)

23.B.8* **Date incorporated** ***(Complete question if you answered 'No' for Q23)***

23.B.9* **Company/ charity registration number** ***(Complete question if you answered 'No' for Q23)***

23.B.10* **How many employees does your Company / Employing Organisation have?** ***(Complete question if you answered 'No' for Q23)***

23.B.11* **Please provide details of the following for your Company / Employing Organisation for the current financial year:** ***(Complete question if you answered 'No' for Q23)***

Projected revenue	
Projected costs	
Projected profit/ loss after tax	
Net assets/ liabilities	

23.B.12* **What is your Company / Employing Organisation's funding/ ownership structure? (max 100 words)** ***(Complete question if you answered 'No' for Q23) (Min 10 words)(Max 100 words)***

Section F: Main Application Form

Please complete all questions on the application form.

The application form is divided into 2 sections to capture information about the Applicant and the Innovation.

Application Form - Applicant

This section covers the following on the Applicant: Pitch, Experience and Expertise, Support needs, Commitment, Support to Date

All questions are mandatory. Where questions have a maximum word limit you will not be able to exceed that limit when entering your response into the system.

24* **Applicant Pitch**
(Min 20 words)(Max 200 words)

As this is a Fellowship, please explain why you personally are applying to the NIA and why you should be selected as an NIA Fellow? *(max 200 words)*

25* **Applicant Experience and Expertise**
(Min 20 words)(Max 300 words)

Please describe with examples/evidence how you meet the characteristics, skills and competencies as detailed in the Call for Applications document in our Resource Library *(max 300 words)*

26* **Applicant Support Needs**
(Min 20 words)(Max 200 words)

Please summarise the support you hope to receive from the NIA to enable you to *spread* your innovation. *(max 200 words)*

27* **Commitment (Min 20 words)(Max 200 words)**

Please detail exactly how much time you will have to participate in the programme (see requirements within the Call for Applications document in our Resource Library) and how you will manage your existing commitments to enable this. *(max 200 words)*

Application Form - Innovation

This section covers the following information and details on the Innovation: Basic information, Market research, Current care pathway, Testing with stakeholders, Regulations, standards and certifications, Intellectual property , Revenue model, Cost and savings, Deployment, Evidence

All questions are mandatory. Where questions have a maximum word limit you will not be able to exceed that limit when entering your response into the system.

28* **Name of your innovation**

Please detail how we should refer to your innovation for branding purposes *(max 50 characters)*

29 **Healthcare issues addressed: [q:afd35c]**

This field is pre-populated by the answer you supplied in the Readiness Check section.

30 **Type of Innovation: [q:857af9][q:c0e223]**

This field is pre-populated by the answer you supplied in the Readiness Check section.

31* **What problem is your innovation trying to solve? (max 500 words) (Min 20 words)(Max 500 words)**

Include the current consequences of the problem.

32* **Give an overview of how your innovation works. (max 300 words) (Min 20 words)(Max 300 words)**

If this is or might be a medical device, include the intended purpose statement (opens in new window).

For example*, GPs will identify patients with suspected atrial fibrillation from their history and reported symptoms. This innovation is a portable device that patients wear over a 7-day period. The device will monitor the patient's heart rate continuously whilst they are wearing it. GPs will need to be trained in using the device and interpreting the results. GP practices will need to store the device and consumables.*

33* **What are the benefits or impact of your innovation for patients and people?** ***(Circle all that apply)***

Select all that apply

a) Reduces mortality

b) Reduces need for further treatment

c) Reduces adverse events

d) Enables earlier or more accurate diagnosis

e) Reduces risks, side effects or complications

f)	Prevents a condition occurring or exacerbating
g)	Avoids a test, procedure or unnecessary treatment
h)	Enables a test, procedure or treatment to be done non-invasively
i)	Increases self-management
j)	Increases quality of life
k)	Enables shared care
l)	Alleviates pain
m)	Reduces inequalities
n)	Other benefits for patients and people
o)	Not applicable
p)	Other (please specify)

33.P.1 **if Other selected, please give details *(Complete question if you answered 'p' for Q33)***

34* **What are the benefits or impact of your innovation for NHS and social care?**
(Circle all that apply)

Select all that apply

a)	Reduces the length of stay or enables earlier discharge
b)	Reduces need for adult or paediatric critical care
c)	Reduces emergency admissions
d)	Changes delivery of care from secondary care (for example hospitals) to primary care (for example GP or community services)
e)	Change in delivery of care from inpatient to day case
f)	Increases compliance
g)	Improves patient management or coordination of care or services
h)	Reduces referrals
i)	Takes less time
j)	Uses no staff or a lower grade of staff
k)	Leads to fewer appointments
l)	Is cost saving
m)	Increases efficiency
n)	Improves performance
o)	Reduces carbon emissions and supports the NHS to achieve net zero
p)	Other environmental benefits (please specify)
q)	Other benefits for the NHS and social care (please specify)

34.P.1	**(please specify)** ***(Complete question if you answered 'p' for Q34)***

34.Q.1	**(please specify)** ***(Complete question if you answered 'q' for Q34)***

35*	**Is your innovation relevant to any of the following areas?** ***(Circle all that apply)***	
	Select all that apply	
a)	COVID-19	
b)	Data, analytics and research	
c)	Digitalising the system	
d)	Improving system flow	
e)	Independence and prevention	
f)	Operational excellence	
g)	Patient activation and self-care	
h)	Patient safety and quality improvement	
i)	Workforce resource optimisation	
j)	Net zero NHS or greener innovation	

36*	**In which care settings is your innovation relevant?** ***(Circle all that apply)***	
	Select all that apply	
a)	Academia	
b)	Acute trust - inpatient	
c)	Acute trust - outpatient	
d)	Ambulance	
e)	Care homes or care setting	
f)	End of Life care (EOLC)	
g)	Integrated Care System	
h)	Industry	
i)	Local Authority - Education	
j)	Mental Health	
k)	Pharmacies	
l)	Primary care	
m)	Social care	

n)	Third Sector organisations
o)	Urgent and Emergency
p)	Other

36.P.1 **If Other selected, please specify**
(Complete question if you answered 'p' for Q36)

37* **What is the main purpose of your innovation?**
(Circle all that apply)

Please select all that apply

a)	Preventing a condition or symptom from happening or worsening
b)	Predicting the occurrence of a condition or symptom
c)	Diagnosing a condition
d)	Monitoring a condition, treatment or therapy
e)	Providing treatment or therapy
f)	Managing a condition
g)	Enabling care, services or communication
h)	Supporting the NHS to mitigate the risks or effects of climate change and severe weather conditions
i)	Reducing bias in healthcare processes

38* **Please provide, in simple terms, the environmental impact that your innovation may have in the care pathway / care setting it is intending to operate in, including how it may contribute in reducing the NHS carbon emissions (as explained in the Delivering a net zero NHS report, pages 11 and 12). Please use the SBRI's low carbon care STEPS guidance to help with your assessment of the impact of the innovation on the care pathway.** ***(max 200 words)***
(Min 20 words)(Max 200 words)

(max 200 words)

39* **The NHS has committed to becoming net zero by 2045. Have you considered the carbon emissions associated with your organisations and steps to reduce them?**
(Circle all that apply)

a)	Yes
b)	Not yet, but I have an idea
c)	No

39.B.1*	**16.1. Please provide further details about your carbon emissions and plans to manage them (max 150 words)** ***(Complete question if you answered 'b' for Q39) (Max 150 words)***

40*	**Have you estimated the carbon reduction or savings that your innovation will bring?** ***(Circle all that apply)***
a)	Yes
b)	Not yet, but I have an idea
c)	No

40.A.1	**(If yes) Provide the estimates and how your carbon reduction or savings was calculated (max 75 words)** ***(Complete question if you answered 'a' for Q40) (Max 75 words)***

40.B.1*	**(If not yet) Explain how you plan to calculate your carbon reduction or savings (max 75 words)** ***(Complete question if you answered 'b' for Q40) (Max 75 words)***

41*	**Do you have or are you working on a carbon reduction plan (CRP)?** ***(Circle all that apply)***
a)	Yes, I have one
b)	I am working on one
c)	No, I do not have one

41.A.1*	**Please provide further details about your Carbon Reduction Plan. (max 150 words)** ***(Complete question if you answered 'a' for Q41) (Max 150 words)***

41.C.1	**Please explain how you plan to calculate the Carbon Reduction Plan and savings (max 75 words)** ***(Complete question if you answered 'c' for Q41) (Max 75 words)***

42	**Have you completed a health inequalities impact assessment?** ***(Circle your selected answer)***
a)	Yes
b)	No

42.A.1	**(If yes) Upload the health inequalities impact assessment, or any relevant documents** ***(Complete question if you answered 'Yes' for Q42) (Not applicable for paper form.)***

43* **Please explain how you have considered the accessibility and impact of your innovation on health inequalities and describe the activities you are currently carrying out to address these.** ***(max 300 words)***
(Min 20 words)(Max 300 words)

(max 300 words)

44* **Please provide the names of all individuals and organisations jointly supporting this application and their specific roles.** ***(max 150 words)***
(Min 20 words)(Max 150 words)

(max 150 words)

45* **Subcontractors: If you subcontract any of your work to other providers, what mechanisms do you have in place to assure the quality of these suppliers and their ability to meet your demands during the delivery of your scaling ambitions?** ***(max 150 words)***
(Max 150 words)

(max 150 words)

MARKET RESEARCH

46* **Have you conducted market research to determine the demand and need for your innovation in the UK?**
(Circle all that apply)

a) Yes

b) I am currently doing market research

c)	Not yet

46.A.1*	**Describe the market research you have done, or are doing, within the UK market. (max 200 words)** ***(Complete question if you answered 'a' for Q46) (Max 200 words)***

47*	**Which option best describes your innovation?** ***(Circle all that apply)*** **(select all that apply)**
a)	A one-off innovation, or the first of its kind
b)	A better alternative to those that already exist
c)	An equivalent alternative to those that already exist
d)	A more cost-effect alternative to those that already exist
e)	I am not sure

48*	**What competitors or alternatives exist, or how is the problem addressed in current practice?** ***(max 250 words)*** **(Min 20 words)(Max 250 words)** **(max 250 words)**

CURRENT CARE PATHWAY

49*	**Does your innovation relate to a current NHS care pathway?** ***(Circle all that apply)*** **(select all that apply)**
a)	There is a pathway, and my innovation changes it
b)	There is a pathway, and my innovation fits in to it
c)	There is no current care pathway
d)	I do not know
e)	Does not form part of a care pathway

50*	**Describe the potential care pathway with your innovation in use. *(max 200 words)*** **(Min 20 words)(Max 200 words)** **(max 200 words)**

ENGAGEMENT WITH STAKEHOLDERS

51*	**Who are the intended users of your innovation?** ***(Circle all that apply)***
a)	Clinical or social care professionals working in the UK health and social care system
b)	Clinical or social care professionals working outside the UK
c)	Non-clinical healthcare staff
d)	Patients
e)	Service users
f)	Carers
g)	Other:

51.G.1	**If Other, please specify here** ***(Complete question if you answered 'g' for Q51)***

52*	**Have you involved stakeholders in the design process?** ***(Circle all that apply)***
a)	Yes
b)	I am in the process of involving users in the design
c)	Not yet

53*	**Have you tested your innovation with its intended users in a pilot / clinical trial / real life setting?** ***(Circle all that apply)***
a)	Yes
b)	I am in the process of testing with users
c)	Not yet

53.A.1	**Please specify** ***(Complete question if you answered 'a' for Q53) (Circle all that apply)***
a)	Pilot
b)	Clinical trial
c)	Real life setting

53.B.1	**Please specify** ***(Complete question if you answered 'b' for Q53) (Circle all that apply)***
a)	Pilot
b)	Clinical trial
c)	Real life setting

54*	**Which groups of intended users have you engaged with?** ***(Circle all that apply)***
a)	Clinical or social care professionals working in the UK health and social care system
b)	Clinical or social care professionals working outside the UK
c)	Non-clinical healthcare staff
d)	Patients
e)	Service users
f)	Carers
g)	Other: [free text entry]

54.G.1	**please specify** ***(Complete question if you answered 'g' for Q54)***

55	**Please describe the kind of testing and/or engagement undertaken through the life of your product with Healthcare Professionals.** ***(max 200 words)*** **(Min 20 words)(Max 200 words)**

56	**Please describe the kind of testing and/or engagement undertaken through the life of your product with Patients, Service Users and Carers.** ***[max 200 words]*** **(Min 20 words)(Max 200 words)**

57	**Upload any documents that showcase your user testing *(Not applicable for paper form.)***

REGULATIONS, STANDARDS, CERTIFICATIONS

58*	**Do you know which regulations, standards and certifications apply to your innovation?** ***(Circle your selected answer)***
a)	Yes, I know all of them
b)	Yes, I know some of them
c)	No
d)	Not relevant

59*	**Which regulations, standards and certifications apply to your innovation?** ***(Circle all that apply)***
a)	UKCA / CE - Non-medical device
b)	UKCA / CE - Class I medical device
c)	UKCA / CE - Class IIa medical device
d)	UKCA / CE - Class IIb medical device
e)	UKCA / CE - Class III medical device
f)	In-vitro diagnostics - IVD general
g)	In-vitro diagnostics - IVD self-test
h)	In-vitro diagnostics - IVD Annex II List A
i)	In-vitro diagnostics - IVD Annex II List B
j)	Marketing authorisation for medicines
k)	Care Quality Commission (CQC) registration, as I am providing a regulated activity
l)	Digital Technology Assessment Criteria (DTAC)
m)	Other:

59.M.1	**if Other selected, please specify** ***(Complete question if you answered 'm' for Q59)***

60*	**Do you have a certification for UKCA / CE or In-vitro diagnostics?** ***(Circle your selected answer)***

a)	Yes
b)	I am actively working towards it
c)	Not yet
d)	Not relevant

61 **Upload all certification documents** ***(Not applicable for paper form.)***

INTELLECTUAL PROPERTY

62* **Do you have any patents for your innovation?**
(Circle your selected answer)

a)	I have one or more patents
b)	I have applied for one or more patents
c)	I do not have any patents, but believe I have freedom to operate

62.A.1 **Please supply any patent number(s)** ***(Complete question if you answered 'a' for Q62)***

63* **Do you have any other intellectual property for your innovation?** ***(Circle your selected answer)***

a)	Yes
b)	No

63.A.1 **(If yes) please specify, max 50 words** ***(Complete question if you answered 'Yes' for Q63) (Max 50 words)***

63.A.2 **Upload any documents relevant to this evidence collection** ***(Complete question if you answered 'Yes' for Q63)***

REVENUE MODEL

64* **What is the revenue model for your innovation?**
(Circle all that apply)

a)	Advertising
b)	Direct product sales
c)	Fee for service

d)	Lease
e)	Sales of consumables or accessories
f)	Subscription
g)	I do not know
h)	Other:

64.H.1 **If Other, please specify**
(Complete question if you answered 'h' for Q64)

65* **Which NHS or social care organisation and department do you think would pay for the innovation? *(max 100 words)***
(Min 20 words)(Max 100 words)

66* **Which NHS or social care organisation and department would benefit from the innovation? *(max 100 words)***
(Min 20 words)(Max 100 words)

67* **Have you secured funding for the next stage of development?**
(Circle all that apply)

a)	Yes (please specify)
b)	No
c)	Not relevant (please specify why)

67.A.1* **If yes, describe the funding you have secured for the next stage of development. (max 100 words)**
For example, venture capital, angel investor, seed funding, grant funding, government funding or similar. (max 100 words)

(Complete question if you answered 'a' for Q67) (Max 100 words)

67.C.1	**Please explain why you do not need to secure funding (max 100 words)** ***(Complete question if you answered 'c' for Q67) (Max 100 words)***

COST AND SAVINGS

68*	**Do you know the cost of your innovation?** ***(Circle your selected answer)***
a)	Yes, I have a detailed estimate
b)	Yes, I have a rough idea
c)	No

69*	**What is the cost of your innovation?** ***(max 100 words)*** **(Max 100 words)**

70*	**Roughly how many patients would be eligible for your innovation in the UK?** ***(Circle your selected answer)***
a)	Up to 10,000 per year
b)	10,000 to half a million per year
c)	More than half a million per year
d)	Not relevant to my innovation

71*	**What is the eligibility criteria for your innovation?** ***(max 200 words)*** **(Max 200 words)**

72*	**How many units of your innovation would you expect to sell in the UK per year?** ***(max 50 words)*** **(Max 50 words)**

73* **Approximately how long do you expect each unit of your innovation to be in use?** ***(max 100 words)***
(Min 10 words)(Max 100 words)

74* **What are the costs associated with the use of your innovation, compared to current practice in the UK?** ***(Circle your selected answer)***

a) My innovation is cheaper to purchase

b) My innovation costs more to purchase, but has greater benefits that will lead to overall cost savings

c) My innovation costs more to purchase and has greater benefits, but will lead to higher costs overall

d) I am not sure

DEPLOYMENT

75* **Where have you deployed your innovation? Please specify the name(s) of the organisation(s) in full.** ***(max 150 words)***
(Min 10 words)(Max 150 words)

76* **What was the commercial basis for deployment?** ***(max 400 words)***
(Min 20 words)(Max 400 words)

77*	**How did the deployment of your innovation affect the organisation(s)? *(max 400 words)* (Min 20 words)(Max 400 words)**

78*	**Does your team have the resources for scaling up to national deployment? *(Circle your selected answer)***
a)	Yes
b)	No

79	**Upload any relevant implementation planning documents *(Not applicable for paper form.)***

EVIDENCE FOR YOUR INNOVATIONS

80*	**Do you have any evidence to show the impact or benefits of your innovation? *(Circle your selected answer)***
a)	Yes
b)	Not yet

80.A.1*	**What type of evidence or research do you want to submit? *(Complete question if you answered 'a' for Q80) (Circle all that apply)***
a)	Evidence of clinical or care outcomes
b)	Evidence of cost impact, efficiency gains and/or economic modelling
c)	Other evidence of effectiveness (for example environmental or social)
d)	Pre-clinical evidence
e)	Real world evidence
80.A.2*	**In what form is the evidence presented? *(Complete question if you answered 'a' for Q80) (Circle all that apply)***
a)	Data published, but not in a peer reviewed journal
b)	Non-randomised comparative data published in a peer reviewed journal
c)	Non-randomised non-comparative data published in a peer reviewed journal
d)	Poster or abstract presented at a conference
e)	Randomised controlled trial published in a peer reviewed journal

f)	Unpublished data
g)	Other (please specify)

80.A.3 **If Other, please specify** ***(Complete question if you answered 'a' for Q80)***

80.A.4* **Write a short summary of the evidence (max 500 words)** ***(Complete question if you answered 'a' for Q80) (Max 500 words)***

80.A.5* **Upload any documents that support this evidence** ***(Complete question if you answered 'a' for Q80) (Not applicable for paper form.)***

81* **Are you currently collecting evidence, or have plans to collect evidence?** ***(Circle your selected answer)***

a)	Yes
b)	No

81.A.1* **Write a short summary of your ongoing or planned evidence gathering (max 200 words)** ***(Complete question if you answered 'Yes' for Q81) (Max 200 words)***

81.A.2 **Please upload any documents relevant to this evidence collection** ***(Complete question if you answered 'Yes' for Q81) (Not applicable for paper form.)***

Section G. Signature from Employing Organisation

Please include a letter/statement from your employer or employing organisation confirming the amount of protected time you will have to participate in the programme and to deliver your innovation into practice.

This supporting statement is an essential requirement and will need to be signed by a senior member of your employing organisation. You will need to save this as a separate document (such as Word or PDF) and upload it in this section.

This section must be completed for the application to be submitted.

82* **Please upload a letter/statement** ***(Word or PDF file format)*** **from your employer or employing organisation confirming the amount of protected time you will have to participate in the programme and to deliver your innovation into practice.**
(Not applicable for paper form.)

Section H: References

Please upload two reference letters in support of your application. One should be your line manager or senior individual from your organisation; the other should be from a healthcare provider/ commissioner site where your innovation is currently in use (this does not need to be an NHS site).

This section must be completed for the application to be submitted.

83*	**Please upload at least 2 references from senior staff of sites where your Innovation is deployed; or commissioners. *(Word or PDF file format please*)** ***(Not applicable for paper form.)***

Section I. Additional Supporting Information (where applicable)

If you have additional supporting information that helps to explain your innovation and the assessor to understand your proposal, please upload this here.

This section is not compulsory and does not need be completed for the application to be submitted

84	**Please upload any additional supporting information here** ***(Not applicable for paper form.)***