# UNIVERSITY OF DEBRECEN

**Faculty of Medicine**



**’Idea to Life’**

**Application Form**

**Project title: ……………………………………………..**

**Name of applicant (team leader): ………………………………………**

**By signing this application form I accept the rules of the ’Idea to Life’ Innovative Idea Development Program.**

**Date:**

**Signature: ………………………………………………………………**

*Please, submit the completed, signed application form in one single pdf file to the following e-mail address:* [*klivia@med.unideb.hu*](mailto:klivia@med.unideb.hu)

1. **Description of the innovative idea (3-5 page)**
2. Identifying the problem/challenge
3. *What challenge / problem do you wish to solve? (Please, focus on the social/clinical aspects of the problem.)*
4. *Size of the problem and scope of target group.*
5. Description of the proposed solution (your innovative idea)
6. *How the product / service / technology (to be developed based on your idea) will solve the problem?*
7. *What is going to be the overall effect of the idea on the healthcare industry?*
8. *What is the current stage of development? Please, describe any academic literature and scientific results underlying the idea.*
9. Innovativeness
10. *What is the novelty and uniqueness of your idea?*
11. *What are the advantages over the currently available products/procedures?*
12. *What novel effect and added value can the idea bring about in everyday life?*
13. Please, mark the medical area your idea relates to:

*Prevention;*  *Diagnostics;  Therapy;  Medical device;*  *Other clinical application;  Education/research;  Other, and so on: ……….*

1. Executive summary (max. 1 page)

Summary of your innovative idea, the underlying problem and the innovation potential.

1. **Cover letter (max. 1 page)**

*The personal motivations of the team leader to implement the innovative idea and participate in the “Idea to Life” program. Please, briefly summarize the origin of the idea and present any proof that the idea is yours.*

1. **Introduction of team members**

*Please provide the information below for all team members!*

|  |  |
| --- | --- |
| **Name of the team leader:** |  |
| Affiliation to the University of Debrecen at the time of submission. Please, specify your course of study / doctoral school / department. |  |
| Brief introduction to your specific field |  |
| List of innovation skills (eg. patenting, start-up activity, participation in innovation programs) |  |
| What is your role in the team? What are your strongest competencies that contribute to the successful implementation of the project? |  |
| Email address *(for contact purposes)* |  |

|  |  |
| --- | --- |
| **Name of the team member:** |  |
| Affiliation to the University of Debrecen at the time of submission. Please, specify your course of study / doctoral school / department. |  |
| Brief introduction to your specific field |  |
| List of innovation skills (eg. patenting, start-up activity, participation in innovation programs) |  |
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