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| |  | | --- | | Please complete the form in as much detail as possible. The information completed in this form is confidential and will be treated as such by the Innovation Office. | | |  |
| |  | | --- | | \***Title:** | |  |

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| **2. Development History**  \*What is the current development status of your work? *(Basic research, Pre-Market, Prototype, Ready Market****)*** | | | | |
| When and where did your work originate? | Date: |  | Location: |  |
| State a brief history of the development of your work: | | | | |

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| **1. Description**  *(Attach additional information if available – drawings, draft publication, description, draft patent, etc.)* |
| * \*Field: * \*Type: (i.e. *software, process, product, service, multimedia, trade secret, written work, procedural, diagnostic invention, design registration, IP in research Contract, other*) * Give a brief description of your innovation. * \*What problem(s) does this solve? * \*What are the existing solutions? * \*What are the advantages of this solution? |

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| **3. Background** | | | | |
| \*Have you conducted background searches on existing literature or patents related to your work? | Yes |  | No |  |
| \*Is there any competing technology or published patents with respect to this solution? | Yes |  | No |  |
| If yes, please state what you found: | | | | |
| Comments: | | | | |

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| **4. Public disclosure** | | | | | | |
| \*Has this work been discussed or described in a public forum, or are you planning to disclose publicly?  *(i.e. conference presentation, public seminar, journal paper, report, abstract , paper for journal publication or thesis submission)* | | | Yes |  | No |  |
| Date of Past Publication |  | Type of Publication |  | | | |
| Date of Planned Future Publication |  | Type of Publication |  | | | |

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| **5. Sponsors and third parties** | | | | |
| \*Has this work resulted from a research contract, collaborative project with another university, research organisation or private sector organisation? | Yes |  | No |  |

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| **6.** \***Inventors/Creators Details** | | | | | | |
| ***Please identify each inventor/creator by completing the details on the list below.*** | | | | | | |
| Principle Investigator | Name | Department | Email address | | Tel no. | |
|  |  |  |  | |  | |
|  |  |  |  | |  | |
| \*Are there external inventor/creators? | | | Yes |  | No |  |
| **External Inventors/Creators Details** | | | | | | |
| Name | Institution | Department | Email Address | | Tel no. | |
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\*Mandatory fields