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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. |

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| \***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