# Aged Care Innovation Validation Program Application

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| Company Name |       |
| Website |       |
| Primary Contact (name and email) |       |
| Secondary Contact (name and email) |       |
| Date |       |

Details About the Innovation

In the text fields, please provide a succinct and comprehensive response to each of the questions. Dot points are acceptable. For those questions that are not applicable please indicate N/A.

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| **Aged Care Target Market**  | [ ]  Residential [ ]  Home Care/ support at home[ ]  Both [ ]  Community based/CHSP [ ]  Other: (please describe):       |

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| **Type of innovation** | [ ]  Technology[ ]  Software [ ]  Hardware [ ]  Both [ ]  Equipment [ ]  Program Process  |

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| **Stage of Innovation** | [ ]  Concept/ idea [ ]  MVP [ ]  Market ready [ ]  Used in other industry [ ]  In market outside Australia  |

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| **Technology Readiness Level** **Please refer to the link below for explanation**[**https://www.nasa.gov/directorates/somd/space-communications-navigation-program/technology-readiness-levels/**](https://www.nasa.gov/directorates/somd/space-communications-navigation-program/technology-readiness-levels/) | **[ ]  TRL 1**: Basic research**[ ]  TRL 2**: Applied research**[ ]  TRL 3**: Proof of concept established**[ ]  TRL 4**: Laboratory testing of a prototype**[ ]  TRL 5**: Laboratory testing of an integrated system**[ ]  TRL 6**: Prototype system verified**[ ]  TRL 7**: Integrated pilot system demonstrated**[ ]  TRL 8**: System incorporated in commercial design**[ ]  TRL 9**: System ready for full-scale deployment |

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| **Links to product information or pitch presentation** | \*Please attach a copy with this application form when submitting via email |

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| **What aged care workforce-related issue, problem or opportunity are you looking to solve/explore?** e.g. worker retention, manual handling, increasing efficiency, etc. |
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| **Please describe the innovation/solution?**e.g. what it is, what it does, how it is used, who it would be used by. Include the novelty of the innovation/solution, the technical viability and how it can be integrated into aged care. |
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| **If it is currently being used, please describe what further development you are looking for.**i.e. what do you want to do, include your plans to scale and commercialise  |
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| **What is the proposed impact of this innovation on the aged care sector?** |
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| **What areas of expertise are you looking for from the ARIIA Innovation Validation Panel?** \*Please select all that apply. ARIIA Program staff will discuss the final selections with Applicants |
| [ ]  Overall idea and the problem it aims to solve[ ]  Value proposition alignment [ ]  Price point and business model options[ ]  Target market[ ]  Implementation considerations[ ]  Regulatory and legislative requirementsFOR NON-AUSTRALIAN BASED APPLICANTS:[ ]  Australian aged care market perspectives |

## Information for Applicants

1. Applications will be assessed for program suitability on the following criteria:
	* Significance of the problem experienced by aged care providers the innovation will address.
	* The impact that the innovation could have in the aged care sector.
	* The novelty of the innovation.
	* The commercial viability of the innovation for aged care providers.
	* The technical viability of the innovation.
	* The interoperability of the innovation.
2. ARIIA will provide a proposal document outlining the program deliverables and a consultancy agreement for successful applicants with payment based on 50% upfront and 50 % on completion.
	1. The program is managed by ARIIA staff and is envisaged to run for 8 weeks from the signing of the Proposal and receipt of initial payment.
	2. The Program proposal document outlines the time commitment and expectations of applicants, ARIIA staff and the Innovation Validation Program panel members.

## Declaration

* I have the authority to apply for this opportunity on behalf of my Organisation.
* All information provided in this application is true and correct at the time of submission.
* I understand that ARIIA will reply to the primary applicant and may ask for additional information or clarification.
* I understand that should the application be successful, an ARIIA Partnership Program Acknowledgement will need to be signed prior to promotion of the opportunity.

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| Applicant Name |       |
| Applicant Position Title |       |
| Date |       |

Please submit your application, along with any required attachments, via this email (Subject: Innovation Validation Program Application). A member of the Aged Care Incubator team will make contact regarding the application. Thank you for your interest in the program. For updates on the latest programs and upcoming launches, we invite you to [subscribe to the ARIIA newsletter](https://www.ariia.org.au/subscribe) and [follow us via LinkedIn](https://www.linkedin.com/company/ariia.org/).