

**IDEA GENERATOR UNLOCKING MINDS**

**DIVISION OF RESEARCH, INNOVATION AND ENGAGEMENT (RIE)**

**CUT INNOVATION SERVICES**

Dear Innovator, this a final **Call for Entries** to the **17, 18th and 19 September 2018 Innovation Week** **Challenges** with prizes to win and potential funders to impress, an initiative from the Idea Generator, (*i*-Gym), CUT, RESEARCH, INNOVATION and ENGAGEMENT (RIE), CUT

Do you have an innovative idea or project?

**How to ente**r?

1. If you have partners in the invention (idea /project), you should su**bmit with this entry a signed service agreement by all partners or you will be disqualified!**
2. The completed entry form entered by CUT students and Staff need to be signed off by the relevant Dean / Head of Department / CEO of Unit. Entries from the general public and alumni need to be signed off by the by Idea Generator,

Manager or Deputy Director / CEO of Units such as CUTIS / CRPM / PDTS / RGEMS.

1. An appointment will be arranged for a training session to prepare a 5 min presentation pitch in **September 2018** via email. This will be a session to help you how to pitch, 17th September if you’re a student or 18th September if you are a staff member of member of the public & alumni. At this stage guidance will be provided by CUTIS, TTO office in regards of Intellectual Property protection.

**Frequently asked questions**

**Will all entries be accepted for this challenge?** Please note point 2 above. Forms need to be correctly completed and service agreements need to be signed and submitted in time. Confirmation will be given via email of approval.

**What to expect on the 17- 18 September 2018 and where should you be?** The Idea Challenges will be held at the Idea Gym CUT, 8h30 – 12h30 pm. Student will present on the 17th of September and staff members on the 18th of September. You will pitch your idea to panelists and attendees. You will be asked questions regarding the technical feasibility and commercialization potential.

**What to expect on the 19 September 2018?** The winners of 17- 18 September 2018 **challenges** will present to potential funders and a panel of experts at the Idea Gym, CUT, 8h30 am. You are welcome to bring prototype(s) if IP protected or samples of products to display.

**When will the winners be announced?** Idea Challenge winners will be announced on the day of the events. The winners will pitch on the 19 September 2018 to potential funders, stakeholders in industry and government**.**

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| **ENTRY FORM:****Section 1: Applicant information; Identify the focus area(s) into which the idea or project; project summary and the problem that you solve**. |

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| Section 1.1. **Applicant information** (replace examples with your own information) |
| Name of main applicant (Please print SURNAME in capital letters and provided your Job Title in brackets)  |  |
| List all other partners ((Name and SURNAME and Job Title in brackets)Please attach a Service agreement between partners (Compulsory) | 1.2. 3.4. |
| CUT Department and Faculty (If available Company name and registration number) |  |
| Main Applicant’s Gender  |  |
| Contact Numbers (land line & cell number):(List at least 2 contact numbers with names if there is more than one partner) |  |
| Email Address(List at least 2 with names if there is more than one partner) |  |
| SIGNATURE (Main Applicant if more than one partner) PRINT NAME: DATE: |

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| Section 1.2. **Identify the focus area(s) into which the project or business falls**: Mark with an X e.g. You may mark more than one box when you your idea / project require an app or artwork incorporated |
| Agriculture  |  |  | Advanced Manufacturing  |  |
| Engineering - please provide more detail on the sector if possible: ………………………………….………………………………………………………………………….. |  |
| Health |  |  | Art and Design Project |  |
| Biotechnology |  |  | Information Technology |  |
| Food Sciences |  |  | Natural Resources (mining) |  |
| Other (specify):…………………………………………….. |  |  | Green Tech, e.g. waste re-use |  |
|  | Management Sciences Project |  |

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| **Section 2 Description of Innovation, Idea (the problem you will solve)** |

## Project summary

Describe your product / idea:

Who will benefit from your product / idea:

Where will you sell your product or implement your project – Geographical region

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| **Section 3 Description of your Business or Start-up Business (when you take your idea to market)** |

## Business summary

Who will buy your product? Who will be your target market – list at least 3?

1.

2.

3.

4.

List at least two similar products / projects in the market or similar businesses (with references if possible):

How does your project / idea differ from these products?

What makes your business different (e.g. marketing approach or other ideas / project that can ensure success)?

## Project purpose

What is the end goal of your product / idea? Who will benefit from your invention or business and how will it bring about change in the community or the region. Will it improve lifestyles? Indicate if product / idea / business will lead to employment (Indicated the different levels of trained or unskilled labor required).

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| **Section 4 Project plan and associated budget:** |

Complete Table 1 (Compulsory). Activities should indicate how you plan to achieving your goals and will be a combination of technical and business activities plus estimate costs.

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| **TABLE 1**  **Project Milestones** | **Activities**  | **Start date** | **Activity duration** | **List expected deliverables per activity**  | **Person / Team Responsible** | **Estimated cost of achieving activity** |
| Milestone 1E.g. Prototyping of idea/ Project outline |  |  |  |  |  |  |
| Milestone 2E.g. Pre-production prototype |  |  |  |  |  |  |
| Milestone 3E.g. Refining designs |  |  |  |  |  |  |
| Milestone 4E.g. ProductionFunding  |  |  |  |  |  |  |

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| Section 4. **Application support and approval information**  |
| Name of Dean / Head of Department / CEO of Unit / Idea Generator, Manager) SURNAME in capital letters and Job Title / position in brackets) | Name………………………………………………………Job Title…………………………………………………… Dept. of ……………………………………………………Faculty of ……………………………………………….... |
| Signature: | Date:  |
| For Official use onlyApproved: (Yes / No)  | Email notifications done: (Yes / No) Training Pitching SessionDATE:TIME:Presentation DATE:TIME: |
| END of DOCUMENT 6 pages; version 2-2018 |