Innovation Seed Fund 2023-24

Minimum Data Form

##### Due by: 1:00 pm (AWST) Tuesday 28 November 2023

* ***A completed Minimum Data Form must be submitted by the due date/time to be eligible to submit an Application Form.***
* ***This information is used to assist in preparing review panels and is not used for any selection or assessment process.***
* ***Please refer to the relevant*** [***Guidelines and Conditions***](https://fhrifund.health.wa.gov.au/Funding/Current-opportunities) ***which include application instructions.***

## Application details

|  |  |
| --- | --- |
| Activity title |  |
| Activity Lead |  |
| Responsible Entity |  |
| Amount requested (estimate)*IML 3: $50,000 -$100,000**IML 4-6: $250,000-$500,000**IML 7: $500,000-$750,000* | $ |

## Activity summary

Provide a plain language summary of the proposal, including the aims, objectives, significance and expected benefits to the WA health system and health and medical innovation sector.

*[Maximum 250 words]*

|  |
| --- |
|  |

## Activity Lead affiliations

List all the entities that the Activity Lead has affiliations with, including the Responsible Entity. Identify if an adjunct or honorary title. Add rows if necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Entity** | **Position/Title** | **Paid** | **Start date** | **End date** |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |
|  |  | Y/N | dd/mm/yy | dd/mm/yy |

## Team members

Provide details of all team members involved in the Activity. Add rows if necessary.

If a team member is affiliated with more than one entity or has more than one position/title at one entity, complete a new line for each of these.

|  |  |  |  |
| --- | --- | --- | --- |
| **Team member** | **Entity** | **Position/Title** | **Paid** |
|  |  |  | Y/N |
|  |  |  | Y/N |
|  |  |  | Y/N |

## Assessors not to be approached

Please provide the name of any person not to be approached to assess the application, if applicable. This information will only be available to the Office of Medical Research and Innovation.

|  |  |
| --- | --- |
| **Name** | **Entity** |
|  |  |
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**This document can be made available in alternative formats on request for a person with a disability.**

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