 **Submission Form**

Feasibility Study

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| **Feasibility Study title** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Keywords**  5 keywords describing your project | | | | | | | | | | | |
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| **Topics**  Categorise your project under the following themes: | | | | | | | | | | | |
|  | Communication | | |  | Leisure | | | | | | |
|  | Travel | | |  | Responsibilities | | | | | | |
|  | Education | | |  | Personal and health care | | | | | | |
|  | Household | | |  |  | | | | | | |
|  | Other topics  *Nutrition, Physical fitness and psychological well-being, Interpersonal relations, Associative and spiritual life, Work, etc.* | | | | | | | | | | |
| *Specify the other relevant topic(s)*: | | | | | | | | | | |
| **Addressed disability or disabilities** | | | | | | | | | | | |
|  | Autism and Pervasive Developmental Disorders | | |  | Psychic disability | | | | | | |
|  | Hearing impairment | | |  | Visual impairment | | | | | | |
|  | Mental disability | | |  | Multiple disabilities | | | | | | |
|  | Motor disability | | |  | Polydisability | | | | | | |
|  | Other addressed disability or disabilities | | | | | | | | | | |
| *Specify the other addressed* disability or disabilities*:* | | | | | | | | | | |
| **Problem to be solved**  Describe the problem you want to solve and the recipients (target audience).  (max. 1000 characters) | | | | | | | | | | | |
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| **Idea description**  Describe the originality and relevance of your project.  (max. 2000 characters) | | | | | | | | | | | |
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| **Proposed methodology**  Describe the methodology and how users will participate in the co-construction process.  (max. 1000 characters) | | | | | | | | | | | |
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| **Objectives of the project**  Describe the objectives and expected results (deliverables), the follow-up of your project (prospects and practical implications), as well as its long-term impact, including the number of people potentially affected.  (max. 1000 characters) | | | | | | | | | | | |
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| **Illustration (optional)**  Attach illustration(s) (e.g. drawing, video, 3D print) of the project if available. | | | | | | | | | | | |
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| **Ethical considerations**  Describe how the morality, participation and informed consent of project participants and the confidentiality of data are ensured. Indicate whether your project is covered by the Federal Act on Research Involving Human Beings (HRA). (max. 1000 characters) | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Does this project have to be submitted to an ethics commission? | | | | | | |  | Yes | |  | No |
| Comments (max. 500 characters) : | | | | | | | | | | | |
| **References**  Cite the sources used in writing your project (literature review, book, website, etc.). | | | | | | | | | | | |
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| **Budget (maximum CHF 5'000.-)**  Describe how the remuneration of all team members is planned | | | | | | | | | | | |
| *Description* | | | *Cost per unit* | | | *Quantity* | | | *Total* | | |
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|  | | |  | | | TOTAL | | |  | | |
| **Type of funding**  Is the funding of this project, a complementary funding? | | | | | | | | | | | |
|  | | No | | | | | | | | | |
|  | | Yes, reference of complementary funding : | | | | | | | | | |
| **Comment regarding the budget or the funding**  (max. 2000 characters) | | | | | | | | | | | |
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**Team**

For the composition of the teams the following elements are taken into consideration when evaluating the proposals:

* Minimum 4 people
* The participation of at least one person with a disability or illness related to your subject is mandatory.
* Multidisciplinarity (technical, social, health, economic, etc.) and diversity (gender, age, education) of the team are mandatory.

*Please note:*

* A parent or other person may accompany a person with a disability, if necessary. The latter will then be an integral part of the team members
* If your idea indirectly concerns people with a disability, i.e. the final user will be for example a caregiver and not a person with a disability, then it is possible to deviate from the rule. You must justify your decision.
* Students from Universities of applied sciences, Universities and Federal Institutes of Technology may not represent an academic partner.

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| **Project coordinator (member 1)** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| Street and n° |  | | | | |
| ZIP and city |  | | | | |
| Phone number |  | | | | |
| E-Mail |  | | | | |
| **Member 2** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 3** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 4** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 5 (optional)** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 6 (optional)** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 7 (optional)** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| **Member 8 (optional)** | | | | | |
| Name of the organisation |  | | | | |
| Type of organisation | Company | Association | Academic | Individual Person | Other : |
| Name |  | | First name |  | |
| Gender identity | Man | Woman | Non-binary | Other gender identities (fill out if necessary) : | |
| Age |  | | | | |
| Professional background or occupation |  | | | | |
| Disability | No | Yes (specify) : | | | |
| *For additional members, please mention their contact details below.* | | | | | |
|  | | | | | |
| **Comments on the composition of the team**  (max. 2000 characters) | | | | | |
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**Partnerships**

We advise the team to have an implementation partner and an academic partner from the early stages of the project. This enhances the potential of the project, especially its ability to obtain financial support from Innosuisse. Signature

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| **Implementation partner**  With which implementation partner do you plan to develop your project? | | | | | |
| Type | Company | Association | Academic | Individual Person | Other : |
| Name of organisation (if not individual) | | |  | | |
| Name of the contact person | |  | First Name |  | |
| Partnership considered | | | Partnership confirmed | | |
| **Academic partner**  With which academic partner do you plan to develop your project? | | | | | |
| Name of organisation (if not individual) | | |  | | |
| Last Name of the contact person | |  | Name |  | |
| Partnership considered | | | Partnership confirmed | | |

**Signature**

|  |  |
| --- | --- |
| Place and date |  |
| Project coordinator  (Name, First Name) |  |
| Signature | Insérez votre signature électronique |