**Une image contenant texte

Description générée automatiquement Submission Form**

Prototype

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| Project description | | | | | | | | | | |
| Title of the prototype | | | | | | | | | | |
|  | | | | | | | | | | |
| Keywords 5 keywords describing your project | | | | | | | | | | |
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| Topics Categorise your project under the following themes: | | | | | | | | | | |
|  | Digital accessibility | | | | | |  | Equality at work | | |
|  | Autonomy | | | | | |  | Household | | |
|  | Communication | | | | | |  | Leisure | | |
|  | Travel | | | | | |  | Responsibilities | | |
|  | Education | | | | | |  | Personal and health care | | |
|  | Other topics  *Nutrition, Physical fitness and psychological well-being, Interpersonal relations, Associative and spiritual life, 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*:* | | | | | | | | | |
| Description of the prototype Describe your prototype in a synthetic way.  (max. 2000 characters) | | | | | | | | | | |
|  | | | | | | | | | | |
| Context Describe the context (in particular the target audience) in which the prototype will be developed. Position your prototype in relation to existing products or services. Present the preliminary work (results) on which you are basing your project. Describe the social and/or technical difficulties to be overcome. Describe the expected long-term impact, including the number of people potentially affected.  (max. 3000 characters) | | | | | | | | | | |
|  | | | | | | | | | | |
| Type of prototype | | | | | | | | | | |
| Object | | | Software (digital) | Service (process) | | | | Other (specify): | | |
| Purpose of the prototype in the overall project | | | | | | | | | | |
|  | | Functional evaluation | | |  | Evaluation of use | | | | |
|  | | Aesthetic evaluation | | |  | Evaluation of manufacturability | | | | |
|  | | Economical Evaluation | | |  | Communication | | | | |
| Other: | | | | | | | | | | |
| Required expertise Describe what expertise will be needed to create your prototype.  (max. 2000 characters) | | | | | | | | | | |
|  | | | | | | | | | | |
| Proposed methodology Describe the prototyping methodology and the tools you wish to use.  (max. 2000 characters) | | | | | | | | | | |
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| Participation Describe how the beneficiaries of your project will participate in the research process.  (max. 1000 characters) | | | | | | | | | | |
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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): | | | | | | | | | | |
| Potential for further funding by Innosuisse Position your project according to the Innosuisse criteria: degree of innovation, value creation and sustainability, reduction of social costs and added value for society, methodological quality, competence of the project partners.  (max. 1000 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. | | | | | | | | |
| 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) | | | |  | | | | |
| Academic partner With which academic partner do you plan to develop your project? | | | | | | | | |
| Name of organisation | | | |  | | | | |
| Sketch (optional) Attach the first sketch(s) of the prototype of your project if available (e.g. drawing, video, 3D print) | | | | | | | | |
| **Shape  Description automatically generated with low confidence** | | | | | | | | |
| Budget (maximum CHF 10'000.-) 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 | | | | | | | |
| If yes, please specify:   * The name of the project: * The type of funding: * If available, a webpage presenting the project: | | | | | | | | |
| 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. | | | | | |
| 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 |  | | | | |

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