

Care Innovation Challenge 2017/18 : Team Application Form

**Team Name:**

**Main team contact email address:**

**University/Academic Institution:**

**1. Please provide a short description of each team member, explaining what makes each of you the ideal person to be part of a team solving problems for the care sector e.g. keys skills, experiences and achievements (100 words max per person):**

**Team Member 1:** **Name:**

**Team Member 2:** **Name:**

**Team Member 3:** **Name:**

**2. Please explain why you will work well as a team (max 100 words):**

**3. Are you all available to attend both days of the Care Innovation Challenge weekend on Saturday 17<sup>th</sup> and Sunday 18<sup>th</sup> of February 2018?**

YES  NO

*All team members will have to independently travel to Wimbledon for the event starting at 10:00 on Saturday 17<sup>th</sup> February 2018. To take part in the event all team members must be at the event on Sunday 18<sup>th</sup> 09:30-17:00, this will involve traveling back to Wimbledon on the Sunday morning or staying overnight (Air BnB costs £30-50 for a single/double in the region 1-2 miles around Wimbledon).*

**5. Do all team members accept the responsibility to arrange travel and/or accommodation to take part in the Care Innovation Challenge weekend?**

YES  NO

**6. In the event you are successful and your team is one of the five teams awarded the first stage project prize (£500 project grant, £100 personal prize per team member) are all team members available for the final round and presentation of the Care Innovation Challenge on Saturday 17<sup>th</sup> of March in Wimbledon?**

YES  NO

**7. Do all team members declare that all the above information is correct and true? (Please enter full team members names acting as signature)**

<b>Team Member 1:</b>		<b>Date (dd/mm/yy)</b>
<b>Team Member 2:</b>		
<b>Team Member 3:</b>		