



Care Innovation Challenge 2019: Team Application Form

Team Name:

Main team contact email address:

University/Academic Institution:

1. Please provide a short description of each team member, outlining 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 the entire three days of the Care Innovation Challenge on Friday 5th, Saturday 6th and Sunday 7th July 2018?

YES NO

All team members will have to independently travel to London for the event starting at 10:00 on Friday 5th July 2019 and finishes on Sunday 7th at 17:00.

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 in the Department of Health & Social Care? Date and time TBC in mid-August to early September.

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)

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