

Stage 2 - Application form

**Water Test Network**

All information provided in this application form will be used under the lawful basis of Legitimate Interest to review the eligibility of the application and facilitate communication between the Water Test Network project and the SME. Further information on the lawful basis and the privacy policy of each project partner can be found on the project website <http://www.nweurope.eu/projects/project-search/water-test-network/>.

Save the document using the template file name: *nameofsme\_form\_2\_yyyymmdd*

Submit completed applications (as a Word file) to the Innovation Chaser that supported you during this application.

Please note the closing date for receipt of your electronic Application Form is 01-August-2021

To allow the Water Test Network to fully evaluate your application, please ensure that you fully answer to the best of your ability every question within each part of this form. Guidance notes to assist you in completing the application are part of the application pack and referred to throughout the application form below.

Water Test Network will share personal data collected in this application form to facilitate the application for the Innovation Vouchers only with the Water Test Network Project Partners.

|  |  |
| --- | --- |
| **PART 1: Applicant Details**  | **Assessed** |
| Submission date | Click here to enter a date. |  |
| 1.1 Name of organisation | Click here to enter text. |  |
| 1.2 Head office address | Click here to enter text. |  |
| 1.3 Town/city | Click here to enter text. | ✓ |
| 1.4 Postcode | Click here to enter text. |  |
| 1.6 Contact name | Click here to enter text. |  |
| 1.7 Job title/position | Click here to enter text. |  |
| 1.8 Telephone number | Click here to enter text. |  |
| 1.9 Email | Click here to enter text. |  |
| **PART 2: Product description and support** | **Assessed** |
| Building a picture | To help us understand the reasons why you are applying for development support, it would be helpful if you could provide key details about the product and where you want to test it. |
| 2.1 Product name and description  | **Product name;**Click here to enter text.**Product description:**Click here to enter text. |  |
| 2.2 TRL Level | **The technology for which you are requesting support must be at a TRL level of 4 or higher.Please describe the status of your innovation in terms of TRL level and market readiness. Provide background evidence for TRL level appropriate to the TRL level and describe the evidence you are providing in this section.**<https://ec.europa.eu/research/participants/data/ref/h2020/wp/2014_2015/annexes/h2020-wp1415-annex-g-trl_en.pdf>Click here to enter text. | ✓ |
| 2.3 Test Location Please point out your 1st and 2nd choice for a test location. Support your choice with a summary the reason behind your choice (max 250 words) |

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| **1st Choice****Name of test centre:** Choose an item.**Reason:** Click here to enter text. |
| **2nd Choice****Name of test centre:** Choose an item.**Reason:** Click here to enter text. |

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| **PART 3: Test Description**  | **Assessed** |
| 3.1 Test Scope and Outline | **Please provide a summary of your test by answering the questions in the headers below;****Objectives**What do you want to get out of this test, what do you want to demonstrate/prove?Click here to enter text.**Methodology** What do you want to test, what information do you want to gather?Click here to enter text.**Test Duration and Timeline** Approximately how long do you expect to trial for, what are the test phases?Click here to enter text.**Support requirements**What do you require the Test Facility to provide (for example; operational support, analytical support, equipment)? Click here to enter text. | ✓ |
| 3.2 Target industry/End Users | **Please specify the end user(s) for your innovation by answering the below****What is the market for your product, who will buy your product, please explain.** * **Are you already established in an existing market**
* **Do you have a potential customer**

**If you have a business plan or undertaken any market research please tell us about it.**Click here to enter text. | ✓ |
| 3.3 **Risks related to the trial completion and health and safety**What are the specific risks related to the completion of the trial and H&S concerns and considerations? | **Please complete the table below with at least 5 trial related risks. Add more rows to the table if required.**

|  |  |
| --- | --- |
| **Impact**  | **Likelihood** |
| **1** - Negligible Impact | **1** - Rare (<10% chance) |
| **2** - Minimal Impact | **2** - Unlikely (10-20% chance) |
| **3** - Moderate Impact | **3** - Possible (20-50% chance) |
| **4** - Major Impact | **4** - Likely (50-75% chance) |
| **5** - Extreme Impact | **5** - Almost Certain (>75% chance) |

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| --- | --- | --- | --- | --- | --- |
|  | **Description of the risk**  | **Impact (I)** | **Likelihood (R)** | **Risk (I\*R)** | **Mitigation** |
|  | *Enter the description of your identified risk here. Explain in a few lines the risk and relevance to the project* | *3* | *2* | *6* | *Briefly describe a measure to lower the risk profile.* |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

**Additional considerations:**Click here to enter text. | ✓ |
| **PART 4: Added Value** | **Assessed** |
| 4.1 Innovation | **Describe how the technology is an advancement with respect to the best available alternative (e.g. reduction in resources used, patent held, improved performance), or how it meets a need in the market (provide quantitative data on the market as much as possible).** Click here to enter text. | ✓ |
| **PART 5: Product Impact** | **Assessed** |
| 5.1 Economic Impact | **Please describe the economic benefits for your company (measured by the creation of FTEs, improvements in sales turnover and infrastructure, other indicators).**Click here to enter text. | ✓ |
| 5.2 Wider Impact | **Please describe any benefits for the environment and/or the wider society, avoiding general statements not specific to your product.**Click here to enter text. | ✓ |
| Feedback questionsIt is important for us to get feedback to improve our processes. |

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| How did you hear about this opportunity?[ ] LinkedIn[ ] Twitter[ ] Water Test Network partner organisation[ ] Network Event, name of event; Click here to enter text.[ ] Other, please specify; Click here to enter text. |

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| Is there anything we can do to improve the application process?Click here to enter text. |

 |  |
| Any other relevant information | Click here to enter text. |  |

**Please note that a ✓ in the Assessed column on the right-hand side of the form indicates that the answer to that question will be subject to evaluation and given a score by the WATER TEST NETWORK Application Review Panel.**