

Sign up form voucher call for SME's "Certification-D"

*Required

By completing the sign-up form you apply as a candidate for Wave 1 of the project Certification-D. Completing the form will take approximately 10 minutes.

Part A | About your company

1. What is the name of your company? *

2. In which country is your company located? *

3. What is the address of your company? *

Street, ZIP code, city, country

4. Select your company dimensions *

Mark only one oval.

Category: Medium-Sized | Staff: <250 | Turnover: ≤€50m or Balance sheet total ≤€43m

Category: Small | Staff: <50 | Turnover: ≤€10m or Balance sheet total ≤€10m

Category: Micro | Staff: <10 | Turnover: ≤€2m or Balance sheet total ≤€42m

5. Which kind of product(s) does your company produce? *

6. Did your company receive state aid during the last three years? If yes, how much and which type? *

For example: de minimis

Part B | About your product

7. What is the name of the product? *

What kind of product would you like to be tested?

8. Can you provide a link to some footage of your product? *

Can be photo's, video's etc.

9. What is the TRL (technology readiness level) of the product? *

Mark only one oval.

- Level 1 – Basic Principles Observed and Reported
- Level 2 – Potential Application Validated
- Level 3 – Proof-of-Concept Demonstrated, Analytically and/or Experimentally
- Level 4 – Component and/or Breadboard Laboratory Validated
- Level 5 – Component and/or Breadboard Validated in Simulated or Realspace Environment
- Level 6 – System Adequacy Validated in Simulated Environment
- Level 7 – System Adequacy Validated in Spacev

10. Is your product a medical device? *

Mark only one oval.

- Yes
- No

11. Give a brief product description of the product. *

What kind of product is it, what it does, who is the user.

12. Can you deliver at least 4 products for testing in the Living Lab? *

Mark only one oval.

Yes

No

Part C | Living Lab

13. How do you currently involve people with dementia/caregivers? *

14. What do you expect from Certification-D project? *

You can select multiple options

Tick all that apply.

- To test the product in the Living Lab
- To get design support for the product from experts
- To get a certification for the product

Other: _____

Contact information

Please provide your information below. You are in control of the personal data you provide to the project via this form. You can contact us (info@europize.eu, f.toso@tue.nl) at all times if your information changed or you want it to be deleted.

The data will be used to check if your company and product fit the project, and shared among the project partners. No individual responses in this form will be made public. The data will be used for communication and selection purposes only.

All information will be treated confidentially and in accordance with the requirements of GDPR.

Please consider this when applying!

15. What is your name? *

First name + last name

16. What is your role in the company? *

17. What is your e-mail address? *

18. What is your phone number? *

Remarks/questions

19. Do you have any other remarks and/or questions before submitting this sign up form? *

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