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| **ROCHE INNOVATION INCUBATOR** | | | | | | | | |
| **Applicant's application form for competition:**  **“Innovative, digital solutions for the use of screening in oncology”** | | | | | | | | |
| **\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \*** | | | | | | | | |
|  | **\* title of the applicant’s project** | | | | |  |  |  |
| **The applicant shall be:** | | | |  | | | | |
| |  | | --- | | Natural personhttps://docs.google.com/drawings/d/sM9xyZeuaQNBXwmKm2RBg3A/image?w=16&h=17&rev=1&ac=1 | | | | | |  | | --- | | Legal personhttps://docs.google.com/drawings/d/sM9xyZeuaQNBXwmKm2RBg3A/image?w=16&h=17&rev=1&ac=1 | | | | | |
|  | | | |  | | | | |
| Actual project implementation site (specify country/city): \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| First name, family name/Company name: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| Declared address of residence/Registered address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| Actual address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| Personal identification number /Company registration number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| Phone: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| E-mail: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| Website address: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ | | | | | | | | |
| **1. Description of the project/idea** | | | | | | | | |
| *A brief description of the project/idea; uniqueness/innovation; topicality; benefits for society and/or the medical sector; current stage of development of the idea/product/service. An application should be accompanied with an annex with an as detailed description of the idea as possible.* | | | | | | | | |
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| **2. Stages of implementation of the applicant's idea, planned activities and results to be achieved** | | | | | | | | |
| *The main implementation activities of the idea, the timing calendar and the results of the phases to be reached must be identified.* | | | | | | | | |
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| **3. Type of support required for each phase of the idea** | | | | | | | | |
| *The type of support needed to implement the idea (e.g. premises, expert advice, technical support, financial resources, etc.) should be indicated.* | | | | | | | | |
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| **4. Description of the applicant's team** | | | | | | | | |
| *A brief description of the applicant's team, division of responsibilities, competence and prior experience with the implementation of innovative ideas. The application must be accompanied with the CV of the applicant or their team (participating employees).* | | | | | | | | |
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| **5. Other relevant information** | | | | | | | | |
| *Any other relevant information that may affect the implementation of the idea/project/product or cooperation with Roche's Innovation Incubator should be provided.* | | | | | | | | |
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| **By signing this application, I declare that:**  • all the provisions of the Roche Innovation Incubator Regulations are clear and the applicant agrees with them and undertakes to provide the requirements specified in thereby; • the applicant complies with all the requirements of the Competition Regulations;  • the information included in the application and its annexes is true and valid;  • I am informed of processing my personal data and my rights regarding processing my personal data in the context of the Roche Innovation Incubator Competition, as well as I have familiarized myself with the section on personal data processing in the Roche Innovation Incubator Regulations, which include that I have been informed that primarily, my personal data are processed for the purposes and tasks envisaged in the Roche Innovation Incubator Regulations, and will be processed only on a legal basis until the purposes are achieved; I have also been informed that the events organized in the framework of the Competition may be photographed and filmed for the purposes specified in the Roche Innovation Incubator Regulations.   **Applicant submitting the Project:** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  **Signature\*** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_  \_ \_ \_ , **2020** \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_   \* If the applicant is a legal person, the Competition application shall be signed by a person who, according to the information from the Enterprise Register of the Republic of Latvia, has the right to sign. | | | | | | | | |