**\*\*\*CONFIDENTIAL\*\*\***

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| **TSHWANE YOUTH INNOVATION CHALLENGE (TYIC)****APPLICATION FORM**  |

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| **IMPORTANT:** 1. Shortlisted students should be prepared to make a brief presentation if requested to the TYIC Selection Committee to support their applications
2. Incomplete and late applications will NOT be accepted
3. Applicants can submit more than one application. If there is more than one project per applicants, separate application forms should be completed for each project
4. Attach copies of relevant documentation to the application:
	1. Supporting documentation or prototype (if applicable)
	2. A copy of the applicant/s CV
	3. Detailed Budget
	4. Proof of registration at UNISA or Tshwane-based institution of higher learning **(e.g., TUT, UP, SMU, etc)** as a student
5. Submit the form to: innovation@unisa.ac.za
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1. **PERSONAL INFORMATION**

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|  | **Team leader** | **Team member 1** | **Team member 2** |
| **Student Number:** |  |  |  |
| **Surname:** |  |  |  |
| **Full Name(s):** |  |  |  |
| **Title (Mr/Ms/Dr):** |  |  |  |
| **Nationality:** |  |  |  |
| **Race:** |  |  |  |
| **Gender:** |  |  |  |
| **Age:** |  |  |  |
| **Qualification information** |
| **Qualification currently registered for:** |  |  |  |
| **Tshwane-based institution: (e.g., Unisa, TUT, UP, SMU, etc)** |  |  |  |
| **College / Faculty:** |  |  |  |
| **Department:** |  |  |  |
| **Which nearest campus (e.g., Sunnyside, Hatfield, etc):** |  |  |  |
| **CONTACT DETAILS** |
| **Cell phone number:** |  |  |  |
| **Alternative contact number:** |  |  |  |
| **E-mail:** |  |  |  |

**B. MOTIVATION**

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| **TITLE OF INNOVATION:**  |
| **PROBLEM IDENTIFIED AND MOTIVATION: (Length requirement: at least half a page). (Clear identification and motivation for the problem to which the proposed innovation is intended to solve?)** |
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| **BACKGROUND INFORMATION/EXISTING KNOWLEDGE (maximum 1 page)** **(Please provide any information you are aware of on other potential innovations directed at solving the identified challenge.)** |
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| **THE PROPOSED SOLUTION TO THE PROBLEM****(Please provide detailed description of your proposed innovative solution, how it will work and how it compares to other solutions. Clearly indicate what is new about the proposed solution.)** |
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| **IMPLEMENTATION PLAN** **(Please provide details of what would be required to develop the solution to a stage where it is ready for implementation. It is important to include all the resources that will be required to develop and implement the solution.)**  |
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| **BUDGET****(Please provide a detailed budget that will be required to develop and implement your proposed innovative solution. BE REALISTIC IN YOUR BUDGETING AND NOT LIMIT IT TO THE AWARD AMOUNT.)** |
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| **IMPACT****(Please describe in detail the impact that the project is likely to have if implemented)** |
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| **SUSTAINABILITY****(Please provide a detailed explanation of actions that will be undertaken to ensure that the project continues long enough to have the impact indicated)** |
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**C. ADDITIONAL INFORMATION**

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| Provide any additional information which you regard as relevant in support of your application (for example your experience, bursaries and awards you received, extraordinary achievements, special knowledge, abilities and skills): |
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**D. DECLARATION BY APPLICANT**

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| I certify that the information supplied in this application is correct, and if my application is successful, I understand that I will be subject to, and will abide by the policies, requirements and rules of the Tshwane Youth Innovation Challenge.I understand that my application will only be considered if I have met the requirements of the Tshwane Youth Innovation Challenge.The project shall be commenced and implemented within 12 months of the grant being awarded. I agree to participate in at least one prescribed event as a presenter, exhibitor, or contributor.UNISA Research Administration Department and other partners participating in this challenge (City of Tshwane, TUT, UP, SMU) have my permission to electronically store and process my personal and research information. |
| Signatures |
| Team leader: |  | Date: |  |
| Team member 1 |  | Date: |  |
| Team member 2 |  | Date: |  |

**Check List**

|  |  |
| --- | --- |
| Section/Item | Completed/included (Yes/No) |
| Personal information of team leader |  |
| Personal information of team members |  |
| Number of team members |  |
| Motivation |  |
| Budget |  |
| Implementation Plan |  |
| CVs of team members |  |
| Proof Registration |  |
| Additional information |  |
| Signatures |  |