



innovation

*****CONFIDENTIAL*****

**UNISA INNOVATION PIONEERS (UIP) –
INNOVATION CHALLENGE FOR UNISA ALUMNI
APPLICATION FORM**

IMPORTANT:

- i. Shortlisted students should be prepared to make a brief presentation if requested to the UIP Selection Committee to support their applications
- ii. Incomplete and late applications will NOT be accepted
- iii. 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
- iv. Attach copies of relevant documentation to the application:
 - a. Supporting documentation or prototype (if applicable)
 - b. A copy of the applicant/s CV
 - c. Detailed Budget
 - d. Proof of registration at UNISA as a student
- v. Submit the form to: dittc@unisa.ac.za

A. PERSONAL INFORMATION

	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 Obtained at Unisa:			
Highest Qualification:			
College:			
Department:			



Which Unisa Hub/Service centre is nearest to you (e.g Sunnyside):			
Have you participated in any of DITTC program (Yes/No) if yes which one			
CONTACT DETAILS			
Cell phone number:			
Alternative contact number:			
E-mail:			

B. MOTIVATION

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?)
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.)
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.)



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.)
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.)
IMPACT (Please describe in detail the impact that the project is likely to have if implemented)
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)

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):

D. DECLARATION BY APPLICANT

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 Unisa Innovation Pioneers.

I understand that my application will only be considered if I have met the requirements of the Unisa Innovation Pioneers.

The project shall be commenced and implemented within (12) months of the grant being awarded. I agree to participate in at least one Unisa Innovation Festival event as a presenter, exhibitor or contributor.

UNISA Research Administration Department has 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	