# Partnership Program Listing Application

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| **Organisation** |  |
| **Website** |  |
| **Applicant Details (name and email)** |  |
| **Secondary Contact (name and email)** |  |

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| **Project Name** |  |

## Details About the Project / Partnership

Please provide a succinct and comprehensive response to each of the following questions.  
Dot points are acceptable. For those questions that are not applicable please indicate with N/A.

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| **Type of Partner Being Sought** | Residential  Home Care  Both  Researcher  Other (please describe) |
| **Location of Partner** | ACT  NSW  NT  QLD  SA  TAS   VIC  WA  All States/Territories  No Preference  Please tick all that apply |
| **Category of Innovation** | Monitors and Sensors   Equipment and Devices  Scheduling and Rostering   Communication and Connection   Other (please describe) |
| **Type of Innovation** | Hardware  Software   Equipment / Assistive Technology   Other (please describe) |
| **Type of Partnership** | Co-design  Pilot  Test  Trial  Research   Other (please describe) |
| **Timeframe** any specific start/end dates |  |

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| **What aged care issue or problem are you looking to solve or explore?** e.g. worker retention, manual handling, increasing efficiency, etc… |
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| **How is the issue significant to the current Australian aged care sector?** i.e. what makes it significant |
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| **What is the solution you would like to trial/test/pilot/co-design?** e.g. piece of equipment, software app, training materials, etc… |
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| **How is your solution different to those in the current Australian aged care sector?**  i.e. what is your unique selling proposition? How is your proposed research different? |
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| **Please provide a short description of the intended project/partnership.** i.e. what do you want to do |
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| **What role will the partner have?** e.g. testing/trialing product, providing input and feedback, etc… |
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| **What are the benefits for the partner?** e.g. free access to technology, opportunity to co-design, discounted pricing, etc… |
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| **Is there anything else you would like to add?** |
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## Declaration

* I have the authority to apply for this opportunity on behalf of my Organisation.
* All information provided in this application is true and correct at the time of submission.
* I understand that ARIIA will reply to the primary applicant and may ask for additional information or clarification.
* I understand that should the application be successful, an ARIIA Partnership Program Acknowledgement will need to be signed prior to promotion of the opportunity.

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| **Applicant Name** |  |
| **Applicant Position** |  |
| **Date** |  |

Please submit your application, along with any required attachments, [via this email (Subject: Partnership Listing Application)](mailto:aci@ariia.org.au). A member of the Aged Care Incubator team will make contact regarding the application. Thank you for your interest in the program. For updates on the latest programs and upcoming launches, we invite you to [subscribe to the ARIIA newsletter](https://www.ariia.org.au/subscribe) and [follow us via LinkedIn](https://www.linkedin.com/company/ariia.org/).