**ADMISSIONS**

### Questions for the Eligibility criteria:

Please note that the questions you answer in the application are not saved, so we ask you to finish the application once you have done it. To make it just a little bit easier for you we attach the complete form in word so you [**can download it**](https://acexhealth.com/wp-content/uploads/2023/03/AcexHealth-Program-2023.docx) and complete the questions in your computer and in this way you can do it in different times.

Status \**(Required)*

Incorporated

Non incorporated

Is a legally incorporated entity and qualifies as an SME, following the definition in the [Commission Recommendation](https://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:L:2003:124:0036:0041:en:PDF) 2003/361/EC. Or if not legally incorporated, has an identified and committed team for moving the project forward and creating a company

Region to be accelerated \**(Required)*

Andalucía

Coming to Andalucía

The company is incorporated and operating in Andalucía. Or has concrete plans to relocate to Andalucía.

Project Category \**(Required)*

Biotech

MedTech

Digital Health

The company is active in the fields of Biotech, Digital Health and/or Medtech. Application must be in english. Only one project proposal per SME can be selected for the program.

Email\**(Required)*



### Questions for the Selection Criteria:

It is acceptable to answer that the topic of the question has not yet been addressed by the company at this point in time.

### Team Information

As the team is often a deciding factor in defining the success of a company, briefly name and describe your team members' functions and the structure. The team should have the potential to effectively develop this company, handle the risks associated with the venture and has balanced expertise for both the business and the technology

2-3 sentence bio including all university degrees and work experience.



0 of 5000 max characters

Please describe here the responsibility distribution within your team.



0 of 5000 max characters

What inspired your team to get together and work on this project?



0 of 5000 max characters

### Project Information

Project Name \**(Required)*



What is the impact on patients and society if you are successful?



Elevator pitch



0 of 150 max characters

What problem are you trying to solve?



0 of 2000 max characters

How do you plan to solve this problem?



0 of 2000 max characters

What, if any, proof-of-concept work have you performed to demonstrate that your product can solve this problem?



0 of 2000 max characters

How is the world a different place if you are successful?



0 of 800 max characters

Has a patent or utility model application been submitted to protect your IP? *(Required)*



Do you intent to protect at least part of your IP under know-How? *(Required)*



Are you planning to patent?



Provide a brief explanation if necessary

Are you keeping as trade secret?



Provide a brief explanation if necessary

Have you already published your innovation?



Provide a brief explanation if necessary

Do you own or have the rights to the intellectual property that is the basis for the project or product?



If no, why is the solution you are proposing unique and why it cannot be easily replicated?



Current Financial Status *(Required)*



Please include your Profit and Loss statement (P&L) *(Required)*



add PDF file

Archivo

Accepted file types: pdf, jpg, docx, txt, Max. file size: 2 MB.

add PDF file

What is your current cash status\*?*(Required)*



One-page executive summary



Optional

Please add a link to which TRL description you refer, there are some differences regarding TRL level description depending on which technology you work or which internet reference you use. TRL level \* *(Required)*

TRL1- Basic principles observed

TRL2- Technology concept formulated

TRL3- Experimental proof of concept

TRL4- Technology validated in lab

TRL5- Technology validated in relevant environment

TRL6- Technology demonstrated in relevant environment

TRL7- System prototype demonstration in operational environment

TRL8- System complete and qualified

TRL9- Actual system proven in operational environment

Describe the market which you are addressing with your solution (market size, geography, customer (hospitals, physicians, patients) \**(Required)*



Please briefly describe details about your sales to date if any or prospects in the pipeline



Do you have a CE mark/ FDA/ EMA approval or any other kind of approval?



Revenue plan: Please specify who pays for the product/solution? Describe your customer and identify your traction (letters of intent, partnerships, paying customers, etc.)



Describe you projected business model and revenue model



What is the expansion plan for your business? Explain what are the next short, mid and long-term steps and objectives?



Please name three goals that you managed to accomplish or milestones that you reached in the current or last year?



Please describe why you would like to participate in this program and how you learned about it.



For you next round of funding, are you looking for more than € 500K?



### Acknowledgement

In case of being selected to the AcexHealth and accepting to participate in the Program, I acknowledge that this Participation requires full attendance during the program. Full attendance is defined as the same participant(s) attending all X days of the Training modules and Pitch events.

Agree

Not agree

I understand that only one project proposal per company can be selected for the program in one calendar year:

Yes

No

Consent*(Required)*

I have read and accept the [privacy policy.](https://acexhealth.com/privacy-policy/)