

H2020 Societal Challenge 1: “Health, demographic change and wellbeing”

1 Contact (Name of researcher, institution, address, website, e-mail, phone)

2 SC1 - Areas

Please allocate the proposed project to one matching area from the Work-Programme:

Call for personalising health and care

- | | |
|---|--------------------------|
| Understanding health, ageing and disease | <input type="checkbox"/> |
| Effective health promotion, disease prevention, preparedness and screening | <input type="checkbox"/> |
| Improving diagnosis | <input type="checkbox"/> |
| Innovative treatments and technologies | <input type="checkbox"/> |
| Advancing active and healthy ageing | <input type="checkbox"/> |
| Integrated, sustainable, citizen-centred care | <input type="checkbox"/> |
| Improving health information, data exploitation and providing an evidence base for health policies and regulation | <input type="checkbox"/> |
| Call – Co-ordination activities | <input type="checkbox"/> |

3 Addressed Topic in WP 2014-2015

Topic Title:

Topic Code:

Funding Scheme (foreseen):

- Research and Innovation Action – 100% funding scheme
 Innovation Action – 70% funding scheme

PLEASE RETURN THIS DOCUMENT TO nks-lebenswissenschaften@dlr.de

1

- SME-Instrument
- Fast Track to Innovation (FT2I)

- Pre-Commercial Procurement (PCP)
- Public Procurement of Innovative Solutions (PPI)
- Inducement Prize

- Coordination and Support Action (CSA)
- ERA-NET Co-fund

4 Short Project Description

Please give a short description of your project (proposal), that you intend to realise under this topic, highlighting the specific problems/challenges to be tackled, the objectives and the methodological approach (2 - 3 pages).

Project title: _____

Objectives/Concept:
Work Plan: (research & development, demonstration, management/others ...)
Estimated budget: (person months, consumables, travel ...)
Impact: (EU added value; scientific, technical, social, economic impact on Europe; main target groups ...)



Potential areas and markets of application: (if relevant to the topic)

5 Potential Consortium

You are Coordinator Project partner

If you are project partner, please add name of coordinator: _____

Table with 4 columns: Name and Institution; involved SMEs, Organisation Type (SME, RTD, UNI...), Country, Participation Confirmed (yes / no)

6 Please specify the role of the involved SMEs in your consortium.

Empty box for specifying the role of involved SMEs



NKS

Nationale Kontaktstellen für das
Europäische Forschungsrahmenprogramm

PLEASE RETURN THIS DOCUMENT TO nks-lebenswissenschaften@dlr.de

SME participation required:

- No
 Yes

7 Supporting Capacities

Did you contact your in-house, regional or other support offices for this proposal yet? If yes, please specify.

8 Your previous EU Experience

FP 6 Project

FP 7 Project

Other:

Did you already contact the commission regarding this topic? Whom did you contact?:

PLEASE RETURN THIS DOCUMENT TO nks-lebenswissenschaften@dlr.de

4