

# Assessment of Innovative Technologies Application Form

If inadequate space is provided for your response(s), please attach any additional information referencing the appropriate section.

**Concept name:** .....

## A. Applicant Details

**Full name:** .....

**Company name:**  
*(if applicable)* .....

**Address:** .....

**Phone no:** .....

**Mobile no:** .....

**Fax no:** .....

**Email address:** .....

## B. Which of the road safety priority areas does your concept address? *(please tick)*

- |  |                                   |   |                                  |   |
|--|-----------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Speeding                    | <input type="checkbox"/> Alcohol  | <input type="checkbox"/> Vehicle restraints | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Driver distraction |
| <input type="checkbox"/> Pedestrians                 | <input type="checkbox"/> Cyclists | <input type="checkbox"/> Vehicles           | <input type="checkbox"/> Roads   | <input type="checkbox"/> Motor cyclists     |
| <input type="checkbox"/> Other <i>(detail)</i> ..... |                                   |   |                                  |   |

## C. Concept Details

**1. How does your concept work?**

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**2. Where do you see your concept being implemented? (mention any limitations to its usage)**

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**3. What is the estimated impact of your concept on the number and severity of crashes?**

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**4. What is the likely life span of the technology?**

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**5. What are your expectations of the Centre for Road Safety in relation to this concept?**

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**6. Does your concept require integration with other technologies?**

*(Please tick)*

Yes - If 'Yes' explain how.

No

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**7. Has your concept undergone any testing or field trials?**

*(Please tick)*

Yes - If 'Yes' please attach evidence of testing.

No

**8. Is the concept able to be practically demonstrated?**

*(Please tick)*

Yes

No

**9. Outline your capacity to put the concept into production.**

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**10. What will your concept cost per unit?**

*(Also mention any anticipated annual maintenance and running costs)*

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**11. Do you own the Intellectual Property relevant to the concept?**

*(Please tick)*

Yes - If 'Yes' please attach evidence.

No

