DEMENTIA INNOVATORS PROGRAMME: COHORT 3 APPLICATION

*** Question is required for completion of application.**

	Registration Details
	First Name
	Last Name
	Email Address

Questions

This is the application for NHS CEP Dementia Innovators Programme.

Welcome to the applications portal for the Dementia Innovators Programme.

Applications will close at 4pm on the 20th November 2026

The application consists of 20 required questions. You can view the questions on the right of your screen and can scroll through them or use the navigation arrows at the bottom of the page.

All required questions need to be completed before you can submit your application.
You don't need to complete your application in one go – please use the 'save and quit' button at the bottom of the page.

The video pitch needs to be recorded using the in built video application or by uploading a video file (300MB max).

It is your responsibility to complete your application in full.The closing date is 4pm on the 20th November 2026 - Applications will not be accepted after this date.

If you have any problems, please contact the team at cep@aru.ac.uk

Good luck!

Part 1: Personal Details

1*	**Title for [user:fullname]** ***(Circle your selected answer)***	
a)	Mr	
b)	Miss	
c)	Mrs	
d)	Ms	
e)	Mx	
f)	Dr	
g)	Prof	
h)	Other	

1.H.1	**Please specify: *(Complete question if you answered 'h' for Q1)***

2*	**Home address** **Please allow location services to complete this question fully, this is only for the use of the programme team if we need to contact you regarding your application, or once on the programme if your application is successful.**

3*	**Telephone number** **Please enter your contact number. If adding a landline number please add the area code.**

4*	**Where did you hear about the Dementia Innovators Programme? (Please select all that apply).** ***(Circle all that apply)***
a)	Word of mouth, colleague or friend
b)	Member of the programme community (e.g. a Clinical Entrepreneur, mentor, alumnus or a member of the programme team)
c)	Society or staff network
d)	University
e)	CEP Website (www.nhscep.com)
f)	Alzheimer's Society website
g)	NHS website
h)	Other website
i)	TV, news or media
j)	Newsletter, bulletin or email
k)	Social media (e.g. LinkedIn, Twitter, Facebook, Youtube)
l)	Conference, hackathon, show or event
m)	Professional publication (e.g. BMJ)
n)	Other

4.N.1*	**Please specify: (max. 10 words)** ***(Complete question if you answered 'n' for Q4) (Max 10 words)***

Part 2: Your details

The programme supports individuals with an idea that could help improve the lives of people affected by dementia.
Although the programme was initially created to support NHS staff, we are now running this pilot to innovative ideas around dementia.
This section of the application aims to collect information about you.

The programme supports individuals to develop and scale ideas to improve the lives of those living with dementia.

This section of the application aims to collect information about you.

5*	**Current job title: (max. 10 words)** **(Max 10 words)**

6*	**What region do you live in?** ***(Circle your selected answer)***
a)	North East (County Durham, Gateshead, Newcastle, North Tyneside, Northumberland, South Tyneside and Sunderland)
b)	North West (Cumbria, Lancashire, Greater Manchester, Merseyside and Cheshire)
c)	Yorkshire and the Humber
d)	West Midlands (Staffordshire, Warwickshire, Shropshire, Herefordshire, and Worcestershire)
e)	East Midlands (Lincolnshire, Northamptonshire, Derbyshire, Nottinghamshire, Leicestershire, and Rutland)
f)	South West (Bristol, Cornwall (including the Isles of Scilly), Dorset, Devon, Gloucestershire, Somerset and Wiltshire)
g)	South East (Berkshire, Buckinghamshire, Hampshire, Kent, Oxfordshire, Surrey, Sussex East and Sussex West)
h)	East of England (Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk)
i)	Greater London (including Middlesex)
j)	Outside the UK

Part 3
Section 1: About you and your innovation

The NHS Clinical Entrepreneur Programme supports individuals with an idea, innovation or project aimed at improving the lives of people affected by dementia. This could be any type of product or service that will help to improve the lives of people living with dementia.

In this part of the application, we invite you to tell us more about your innovation, idea or project.

This part of the application is split into two sections:

- **The first section gathers basic information about your innovation, idea or project.**
- **The second section assesses your entrepreneurial aptitude and capability.**

7*	**What is the company or product name for your innovation, idea or project?**

8	**If you have a website for your innovation, idea or project, please provide a link here.** **Please only add the URL. If you do not have a website please leave it blank.**

9*	**What stage of development is your innovation, idea or project at? (Please select one).** ***(Circle your selected answer)***
a)	Early stage
b)	Market research or customer validation completed
c)	Minimum viable product or prototype is available or close to completion
d)	Formal testing or trialling is completed or in progress
e)	Product or service in market or in use
f)	Other

9.F.1	**Please specify: (max. 10 words)** ***(Complete question if you answered 'f' for Q9) (Max 10 words)***

10*	**What type of innovation are you developing? (Please select one).** ***(Circle your selected answer)***
a)	Medical Device
b)	Medicine or pharmaceutical
c)	Diagnostic tool
d)	Workforce model
e)	Service delivery model
f)	Educational tool
g)	Data analysis technology (including artificial intelligence or machine learning)
h)	Telehealth or telecare
i)	Augmented reality, virtual reality or mixed realities
j)	Mobile application
k)	Software package
l)	Other

10.L.1*	**Please specify: (max.10 words)** ***(Complete question if you answered 'l' for Q10) (Max 10 words)***

11*	**Who will your users be?** **For example: dementia patients, primary care workers, rehabilitation nurses, commissioners.**

12*	**Are you working with any NHS organisations on your innovation?** ***(Circle your selected answer)*** **For example: a primary care provider, hospital, ambulance service etc.**
a)	Yes
b)	No

12.A.1	**Please provide details: (max. 50 words)** ***(Complete question if you answered 'a' for Q12) (Max 50 words)***

13*	**Do you have any customers or users for your innovation?** ***(Circle your selected answer)***
a)	Yes
b)	No

13.A.1	**Please provide details: (max. 50 words)** ***(Complete question if you answered 'a' for Q13) (Max 50 words)***

14*	**Do you have a mentor supporting you with your innovation?** ***(Circle your selected answer)***
a)	Yes
b)	No

14.A.1	**Please provide details, including their name and specialism: (max. 50 words)** ***(Complete question if you answered 'a' for Q14) (Max 50 words)***

Section 2: Assessed Questions

This section is for you to show us your entrepreneurial aptitude and capability. The following questions help us to evaluate your innovation's impact and viability, and your personal motivations. Please use examples in your answers if you can.

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The following questions help us to evaluate your innovation's impact and viability, and your personal motivation. Please use examples if you can in your answers.

15* **Please write a summary of your innovation.**
(Max 200 words)

16* **Please record a 1-minute video elevator pitch introducing yourself and your innovation, project or idea.**
(Circle your selected answer)

Please note that applications without a video pitch (recorded on platform or uploaded) will not progress to assessment.

a) Record via Webcam

b) Upload a 60 second video file (300 MB Max)

16.B.1 **Upload your video file.**
Please ensure that the pitch is only 1 minute. Any content over 60 seconds will not be assessed.
(Complete question if you answered 'b' for Q16) (Not applicable for paper form.)

17* **Please describe how you plan to deliver your idea, project or innovation. Please provide details of your next steps.**
(Max 200 words)

Have you thought about the following:

- **The type of business model you might use.**
- **The revenue model for your innovation (advertising, sales, subscription etc).**
- **Do you have funding for the project or idea?**

18* **Please detail any research you have undertaken around your innovation, idea or project? What makes it unique or different?**
(Max 200 words)

This question aims to examine:

- **Your understanding of the potential market and your competitors.**
- **Your proposed business model and the steps you plan to take to make your innovation sustainable.**
- **Whether your innovation is viable.**
- **The stage of development your innovation is at.**
- **Whether your innovation is competitive or novel in ways that would provide significant added benefit to patients or service users and the NHS.**

19* **Why do you want to join the programme? Please also tell us about any relevant experience**
(Max 400 words)

Tell us why you are applying and what you would bring to the programme.
You may want to include:
• Why you want to join the Dementia Innovators Programme
• Your interest in improving healthcare through innovation or new ideas
• Any previous experience you have of developing, testing, or delivering ideas, projects, or working on a business idea.
• The skills, strengths, or perspectives you would bring (for example leadership, teamwork, creativity, or problem-solving)
• What motivates you and what you hope to achieve
• What you would like to learn or develop through the programme
Tip:

- **Be honest and reflective. We are interested in your potential, your motivation, and your willingness to learn—not just what you have already done.**

20* **Please attach your CV (maximum of 2 pages).**
(Not applicable for paper form.)

21* **Please sign.**

By signing, you confirm that you have completed this application and submit it for assessment.

Please note that any incomplete applications will be rejected and not assessed.

Equality, Diversity and Inclusion Monitoring.

We want the programme to be accessible to all and would be grateful if you could complete the following Equality, Diversity and Inclusion Monitoring questions.

While we value your participation in this EDI monitoring survey all of the following questions have the option to respond with 'Prefer not to say'.

The answers will be kept separate from the rest of your application.
We guarantee that the answers you provide will be treated in the strictest confidence, and only used for equality, diversity, and inclusion monitoring purposes.

The data collected will be aggregated and anonymised before any analysis.

For more information about please read NHS CEPPrivacy Policy.

22*	**Age *(Circle your selected answer)***
a)	18 - 24
b)	25 - 29
c)	30 - 34
d)	35 -39
e)	40 - 44
f)	45 - 49
g)	50 - 54
h)	55 - 59
i)	60 - 64
j)	65+
k)	Prefer not to say

23*	**Gender *(Circle your selected answer)***
a)	Male
b)	Female
c)	Non-binary
d)	Intersex
e)	Prefer to self-describe
f)	Prefer not to say

24*	**Do you identify as transgender?** ***(Circle your selected answer)***
a)	Yes
b)	No
c)	Prefer to self describe
d)	Prefer not to say

25*	**Marital Status *(Circle your selected answer)***
a)	Single
b)	In an unmarried relationship
c)	Married or civil partnership
d)	Divorced or separated
e)	Widowed
f)	Prefer not to say

26*	**Ethnicity *(Circle your selected answer)***
a)	White: Welsh, English, Scottish, Northern Irish or British
b)	White: Irish
c)	White: Gypsy or Irish Traveller
d)	White: Any other white background
e)	Mixed: White and Black Caribbean
f)	Mixed: White and Black African
g)	Mixed: White and Asian
h)	Mixed: Any other mixed background
i)	Asian, or Asian British: Indian
j)	Asian, or Asian British: Pakistani
k)	Asian, or Asian British: Bangladeshi
l)	Asian, or Asian British: Chinese
m)	Asian, or Asian British: Any other Asian background
n)	Black, or Black British: Caribbean
o)	Black, or Black British: African
p)	Black, or Black British: Any other Black background
q)	Any other ethnic group: Arab
r)	Any other ethnic group: Other
s)	Prefer not to say

27*	**Religious Belief** ***(Circle your selected answer)***
a)	No religion
b)	Atheist
c)	Buddhist
d)	Christian

e)	Hindu
f)	Jewish
g)	Muslim
h)	Sikh
i)	Other, please specify
j)	Prefer not to say

27.I.1	**Please specify: (max. 10 words).** ***(Complete question if you answered 'i' for Q27) (Max 10 words)***

28*	**Do you consider yourself to have a disability (physical or mental)?** ***(Circle your selected answer)***
a)	Yes, please specify
b)	No
c)	Prefer not to say

28.A.1	**Please specify: (max. 10 words).** ***(Complete question if you answered 'a' for Q28) (Max 10 words)***

29*	**Do you consider yourself to be an informal carer, or have you ever been an informal carer?** ***(Circle your selected answer)***
a)	Yes
b)	No
c)	Prefer not to say

30*	**What type of school did you attend between the ages of 11 and 16?** ***(Circle your selected answer)***
a)	Attended school outside the UK
b)	Independent or fee-paying school - bursary
c)	Independent or fee-paying school - no bursary
d)	State-run or state-funded school - non-selective
e)	State-run or state-funded school - selective on academic, faith or other grounds
f)	Other, please specify
g)	Prefer not to say

30.F.1	**Please specify (Max. 10 words):** ***(Complete question if you answered 'f' for Q30) (Max 10 words)***

31*	**At any point in your school years, did you receive free school meals? *(Circle your selected answer)***	
a)	Yes	
b)	No	
c)	Prefer not to say	

32*	**Up to the age of 16, were your family eligible for any income support or means tested social security benefits? *(Circle your selected answer)***	
a)	Yes	
b)	No	
c)	Prefer not to say	

33*	**Up to the age of 16, did you spend any time in the care of a Local Authority (e.g. in foster care)? *(Circle your selected answer)***	
a)	Yes	
b)	No	
c)	Prefer not to say	

34*	**Did one or both of your parents go to university? *(Circle your selected answer)***	
a)	Yes	
b)	No	
c)	Prefer not to say	

Submit

To submit your application, please 'Save and Close' the application and then click 'Submit'.

You will receive an automated email confirming that we have received your application. Thank you for applying to the NHS Clinical Entrepreneur Programme. We can confirm that your application has been successfully submitted. Please keep monitoring your email for further correspondence.

Any further questions can be directed to cep@aru.ac.uk or you can visit our website www.nhscep.com