NHS PATIENT ENTREPRENEUR PROGRAMME: COHORT 4 APPLICATIONS

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

	Registration Details
	First Name
	Last Name
	Email Address

Questions

This is the application for NHS CEP Patient Entrepreneur Programme.

Welcome to the applications portal for the Patient Entrepreneur Programme.

The application consists of 30 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' buttons at the bottom of the page.

The video pitch needs to be included as part of your application.

It is your responsibility to complete your application in full. The closing date is 4pm on Friday 20th November 2026, we will not accept any applications after the closing date. If you require reasonable adjustments they need to be requested before the close 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 fully complete this question. This is only for the use of the programme team if we need to contact you regarding your application, or during your time on the programme if you successfully get on.**

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

4*	**Where did you hear about the Patient Entrepreneur 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)	NHS website
g)	Other website
h)	TV, news or media
i)	Newsletter, bulletin or email
j)	Social media (e.g. LinkedIn, Twitter, Facebook, Youtube)
k)	Conference, hackathon, show or event
l)	Professional publication (e.g. BMJ)
m)	Other

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

The programme supports patients to develop and scale their most innovative ideas for the benefit of NHS.

Although the programme was initially created to support NHS staff, we are have now expanded the programme to support patients entrepreneurs.

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 2: Section 1
About you and your innovation

The NHS Patient Entrepreneur Programme supports people with lived experience of health conditions, caring responsibilities, or using healthcare services to develop innovative ideas that can improve health and care. These innovations can take many forms, including medicines, diagnostics, medical devices, digital tools, service improvements, new care pathways, and different ways of delivering support and treatment.

The NHS and wider healthcare system benefit from the knowledge and insight of people who experience healthcare first-hand. The Patient Entrepreneur Programme was created to help individuals turn their ideas into practical solutions that address real challenges and improve outcomes for patients, carers, and communities.

In this section of the application, we'd like to learn more about your innovation, idea, or project. This part of the application is divided into two sections:

1. ***The first section gathers basic information about your innovation/idea/project.***
2. ***The second section assesses your entrepreneurial aptitude and capability.***

7*	**What is the name for your innovation/idea/project/company if you have one.**

8	**If you have a website for your innovation, idea or project, please provide a link here.** **If you do not have a website please leave this blank**

9*	**What priority areas do your innovations cover? Please tick all that apply.** ***(Circle all that apply)*** **These are a list of the strategic objectives and priority areas of NHS England. Please visit our guidance materials for more information.**	
a)	Ageing well or biology of ageing	
b)	AI	
c)	Analogue to Digital	
d)	Cancer	
e)	Cardiovascular disease	
f)	COVID-19	
g)	Data	
h)	Dementia or neurodegeneration	
i)	Digital technologies or digital transformation	
j)	Early diagnosis and treatment	
k)	Elective care	
l)	Effective use of resources	
m)	Embedding research	
n)	Health inequalities	
o)	Hospital to Community	
p)	Integrated care and collaborative working	
q)	Learning disabilities and autism	
r)	Mental health services or understanding mental health conditions	
s)	Personalised care	
t)	Prevention	
u)	Primary care	
v)	Population health	
w)	Respiratory disease	
x)	Starting well	
y)	Stroke	
z)	Sickness to Prevention	
aa)	Sustainability	
ab)	Urgent and emergency care	
ac)	Investing in our workforce	

ad)	Vaccine development and manufacture
ae)	Other

10*	**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

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

11*	**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 and machine learning)
h)	Telehealth or telecare
i)	Augmented reality, virtual reality or mixed realities
j)	Mobile application
k)	Software package
l)	Other

11.L.1*	**Please specify: (max.10 words)** ***(Complete question if you answered 'l' for Q11) (Max 10 words)***

12*	**Who will your users be?** **For example: NHS staff, primary care workers, people with cardiovascular disease, people at risk of diabetes, stroke rehabilitation nurses, commissioners, NHS managers etc.**

13*	**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

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

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

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

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

15.A.1	**Please provide details, including their name and specialism: (max. 50 words)** ***(Complete question if you answered 'a' for Q15) (Max 50 words)***

Part 2
Section 2: Assessed Questions

This section is your chance to show your entrepreneurial skills and experience.
The questions are designed to help us understand the potential impact and feasibility of your innovation, as well as your personal motivation.
Please include examples in your answers where possible.

16* **Please tell us about yourself and how your lived experience as a patient or carer has influenced the development of your innovation.**
(Max 200 words)

The Patient Entrepreneur Programme is designed for individuals with lived experience as a patient, carer, or family member affected by a health condition. We would like to understand how your personal experiences have shaped your understanding of healthcare challenges and influenced the development of your innovation or idea. This helps us better understand the unique perspective, insight, and motivation you bring to your work.

In your response, please tell us a little about yourself and your background, describe the experiences that have been most significant in your journey, and explain how these experiences led you to develop your innovation.

You may wish to share specific challenges you encountered, observations you made, or gaps in care that inspired your idea. We are interested in understanding the connection between your lived experience and your innovation, as well as the difference you hope it could make for patients, carers, healthcare staff, or the wider health and care system.

17* **What is the problem or challenge you are addressing in the NHS and why is it important?**
(Max 200 words)

In your answer, you may want to cover:

- **What the problem is and who it affects**
- **Why this problem matters now**
- **Evidence or examples that show the problem exists**
- **The impact on patients, staff, or the NHS (e.g. outcomes, costs, time, experience)**
- **How this relates to NHS priorities**

Tip: Be specific. A clear, well-defined problem is key.

18* **Please describe your innovation and how you will deliver it (Max 400 words)**

In your response, please clearly explain your idea, how you plan to take it forward, and the difference it will make.

1. Your innovation (the idea)

- **What is your innovation?**
- **How does it work?**
- **Who is it for?**

2. Delivery and next steps (how you will make it happen)

- **What are your next steps?**
- **How do you plan to develop or test your idea?**
- **How will your innovation work in practice (e.g. service, product, digital tool)?**
- **Have you thought about your business or delivery model (e.g. how it will be used or adopted in the NHS)?**
- **How might it generate income or be sustained (if relevant)?**
- **Do you currently have, or plan to seek, any funding?**
-

19* **Please record or upload a 1-minute video elevator pitch introducing yourself and your innovation or idea (maximum 1 minute). *(Circle your selected answer)***

This question will help us understand why you want to apply to the programme. Your video can follow a clear storytelling approach:

1. Who you are – Briefly introduce yourself and your role.
2. The problem (the challenge) – Explain the problem you have identified in the NHS.

- **What is happening now?**
- **Who is affected?**

3. Your idea (the solution) – Describe your idea and how it could help address this problem.
4. Why it matters (the impact) – Explain the difference your idea could make for patients, staff, or the wider NHS.
5. Why you (your motivation) – Tell us why this matters to you and why you are applying to the programme.

There are two options for this question - but please note that if you do not submit a video pitch either via the webcam or upload your application will not be considered and not go on to assessment.

Tip: If you are uploading a video, please ensure it is no longer than 1 minute (allowing only a few seconds either way). Video content over 1 minute will not be considered by the assessment panel.

a) Record via webcam

b) Upload a 1 minute video

19.B.1 **Upload a video file for your pitch *(Complete question if you answered 'b' for Q19) (Not applicable for paper form.)***

You can upload your video pitch if you prefer. Please upload a video file - links will not be accepted. Video files accepted include:

- **MP4**
- **MOVO**
- **GG3**
- **GP**
- **QUICKTIME**
- **M4V**
- **WMV**

Please ensure that you video is only 1 minute long, content over 1 minute will not be considered and assessed.

20* **Please describe any research you have carried out for your idea and what makes it different (Max 300 words)**

Tell us what you have learned about your idea so far and how it compares to what already exists.
You may want to include:

• Who your idea is for and the potential market
• Any research you have done (for example interviews, surveys, focus groups, or informal conversations)
• What you have learned from users, patients, or colleagues
• Whether similar solutions already exist and how yours compares
• What makes your idea new, different, or better
• Whether your idea is practical and could be used in the real world
• How your idea could grow or be used more widely over time
• What still needs to be done and the next steps to develop your idea

Tip: Be honest about what you have done so far and what you still need to explore. Clear, practical thinking is more important than having all the answers.

21* **Does your innovation impact different populations? (Max 200 words)**

This question aims helps us to understand whether equality, diversity and inclusion have been considered.

This includes:

- **Whether the accessibility of your innovation, and its impact on health inequalities have been thought about.**
- **Whether a diverse range of patients, service users or staff have been involved in the development of your innovation and how you will engage with them in the future.**

22* **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 Patient Entrepreneur Programme**
- **Your interest in improving healthcare through innovation or new ideas**
- **Any previous experience you have of developing, testing, or delivering ideas, projects, or businesses.**
- **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.

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

24* **Please sign.**

By signing, you confirm that your application is completed 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.

25* **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

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

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

28*	**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

29*	**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

30*	**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

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

31*	**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	

31.A.1	**Please specify: (max. 10 words)** ***(Complete question if you answered 'a' for Q31) (Max 10 words)***

32*	**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	

33*	**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	

33.F.1	**Please specify: (max. 10 words)** ***(Complete question if you answered 'f' for Q33) (Max 10 words)***

34*	**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	

35*	**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	

36*	**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

37*	**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 our website www.nhscep.com