## **Registration form RehabAI@Home**

*Registration forms for RehabAI@home should be submitted to info@tto.vu.nl by the main applicant on May 23, 2025. A collaboration statement from the private partners, should be sent together with this registration form.*

**A. Contact details**

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| **Name** |  |
| **Last name** |  |
| **Organisation** |  |
| **Email address** |  |
| **Telephone** |  |

**Involved Business Developer in the development of the project\***

☐ Alba Herranz, business developer VU a.herranz.de.la.nava@vu.nl; 06 813 88704

☐ Chris Ashbrook business developer AUMC c.j.ashbrook@amsterdamumc.nl; 06 1813 5596

☐ Kathrin Metselaar business developer HvA k.metselaar@hva.nl; 06 14 28 68 65

*\*contact with 1 of the Business Developers before registration of a project is mandatory.*

**B. Project scope**

**B1. Short project description – max. 300 words**

*What is the goal of the project? What kind of activities will be carried out within the project (including co-creation)?*

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**B2. Fit with home rehabilitation – max. 100 words**

*How does the project align with the theme of home rehabilitation and the scope for rehabilitation as described in the call text (section 2.2)?*

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**B3. Use of AI within the project – max. 100 words**

*How does the project align with the definitions of AI described in the call text (section 2.2)?*

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**B4. Impact on the healthcare system RehabAI@Home – max. 200 words**

*What impact is envisaged on the healthcare system? Consider, among other things, implementability, scalability and affordability of the innovation when describing the impact.*

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**B5.Technological Readiness Level at the start of the project**

☐ TRL 4

☐ TRL 5

☐TRL 6

☐ TRL 7

**B6. Technological Readiness Level at the end of the project**

☐ TRL 4

☐ TRL 5

☐ TRL 6

☐ TRL 7

**C. Consortium**

**C1. Main applicant**

☐ VU Amsterdam

☐ Amsterdam UMC

☐ Hogeschool van Amsterdam

**C2. Other involved knowledge institutes\***

☐ VU Amsterdam

☐ Amsterdam UMC

☐ Hogeschool van Amsterdam

☐ Other involved knowledge institutes, namely:

*\*At least one of the other Program Partners (VU, AUMC, HvA) should be involved other than the main applicant.*

**C3. Involved Private partner(s)\***

SME

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Large company

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*\*A collaboration statement that the private partner involved intends to jointly submit a proposal is required upon registration. This can either be a signed letter, but also an email from the private partner to the main applicant. The statement should include the name of the project and the role of the private partner in the project/the added value that the private partner provides.*

**Main contact for private partners**

*Give the contact details of the most important private partner in the project.*

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| --- | --- |
| **Name** |  |
| **Last name** |  |
| **Organisation** |  |
| **Email address** |  |
| **Telephone** |  |

**C4. Other involved not for profit partner(s)**

*These include partners who will not receive subsidy, such as healthcare institutions, foundations, etc.*

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