Health Innovation Incubator Application

This document lists every question in the application. Please use it to draft your answers before you begin. Applications must be submitted through the online form, not through this document.

The form takes about 30 minutes to complete. You can start it, close it and come back later, but only on the same device and browser you began on. Your progress is saved there and not to your account, so if you switch between your phone and your computer you will lose what you have entered. Pick one and stick with it.

While you cannot go 'back' during completing the form the last stage is a review of your responses, and you can edit at this stage.

It also helps to have your three-minute video uploaded and ready to link before you reach the final question.

Applications close 9am Monday 5th October 2026.

Putting an application together takes courage. Backing your own idea enough to write it down and send it to someone else is a genuine achievement, and it is the step a lot of people never take. Whatever the outcome, we are glad you are here.

If you have any questions, or if anything in the form is difficult to access or complete, please get in touch at i2n@newcastle.edu.au and we will help.

If you are a Hunter New England LHD employee and have any questions about NSW Health obligations, supervisor sign off or support to participate during normal operating hours, please reach out to the HNE Innovation Office at HNELHD-InnovationOffice@health.nsw.gov.au

Section 1. About you

1. First name

2. Last name

3. What is the name of your project, service or venture?

    A working title is fine.

4. What is your best email address?

5. Can we also get your best contact phone number?

6. What is the location of your primary place of residence?

7. What is your gender?

Section 2. Your background

These questions help us understand who the program is reaching and report back to our funders. They are not used to assess your application. Most questions in this section are optional, and you can choose not to answer.

8. Do you identify as Aboriginal and/or Torres Strait Islander?

    Yes / No / Prefer not to say

9. Are you a first-generation immigrant or refugee?

    Yes / No

10. Do you identify as someone with a disability?

    Yes / No / Prefer not to say

11. How did you find out about us?

12. Please provide links to any professional social media profiles you maintain (e.g. LinkedIn, research gate, etc.)

Section 3. About your application

13. What is your current role/job title?

14. Do you have any clinical training or experience, and if so, what is it?

15. What is your current primary employer or organisation?

16. Have you discussed your interest in this program with your supervisor or department head?

    Yes/Not yet/Not applicable

    HNELHD employees MUST seek support from their supervisor to apply for this incubator using the form at the end of the preparation document. Once complete

or if you need any assistance with this, please email it to the HNE Innovation Office: HNELHD-InnovationOffice@health.nsw.gov.au.

If you work for another organisation, 'not yet' might be entirely appropriate at this stage, however we encourage you to discuss your interest in applying with your workplace if participating might have an impact. If you are successful, we'll ask your supervisor/department head to confirm their support for the time commitment before your place is confirmed.

17. If applying as a team, please provide each team member's full names, current role/job title, current organisation and email addresses.

Teams are welcome but not required. If you're applying individually or don't yet have a team, that's completely fine. If you feel that other stakeholders are important for your ability to progress your idea, outline the type of team members you would seek to bring together.

18. What personal or professional experience, expertise or connection to the problem you are trying to solve makes you or your team well placed to progress this innovation?

Share things like backgrounds, former roles, connection to the problem, examples of determination or efforts you have made or been involved in to address the challenge.

19. Which area(s) best describe where your health innovation sits? (Select all that apply)

- Aboriginal & Torres Strait Islander health and wellbeing
- Aged care
- BioTech / Therapeutics (incl gene and cell therapies)
- Clinical care / model of care
- Community / population health
- Data / analytics / AI in health
- Diagnostics
- Digital Health / Telehealth / Virtual Care
- Education
- Equity in access and outcomes
- Hospital or allied health equipment
- Medical device
- Medicines / Pharmaceutical
- Mental health
- Patient / consumer experience
- Regulatory / compliance
- Research Commercialisation / Translation
- Service / Process Delivery
- Sustainability / circular economy
- Workforce / System Capability
- Other

Section 4. Your idea

20. How will your innovation be sustained, who do you expect will pay for it or how will it be embedded in health system resourcing in the long term?

> *Health system funding is complex and varies widely between sectors, jurisdictions and countries and markets, so it's okay if you feel unsure about this right now. Your thinking on this will likely evolve throughout the program, we just want to know where you're starting from.*

21. Briefly describe the problem you are trying to solve, the people or systems that recognise and share this problem, who benefits from the solution and what impact solving this problem would have.

> *It's fine if you're still exploring this. Just give us your current best idea of who would get value from your work. Eg, are they parents of young children, those with a specific illness, practitioners working in a hospital or community setting, the health system as a whole or someone or something else?*

22. Who have you engaged or involved in developing this idea so far?

> *It's fine if you're still exploring this. Just give us your current best idea of who would get value from your work. Eg, are they parents of young children, those with a specific illness, practitioners working in a hospital or community setting, the health system as a whole or someone or something else?*

23. Please share with us up to 10 short and very clear sentences that explain your idea/solution.

> *A neighbour, mentor, partner, organisational leader, policy maker, colleague, patient or funder should be able to read these and understand your idea and what impact you are trying to have. Each sentence should be no more than 20 words. Your entire story should be able to be told within these sentences.*

Section 4. Your solution

24. Where is your idea at right now?

> *Idea stage only / I've developed a potential solution or framework / I've built or tested a prototype or pilot / My solution has been adopted.*

25. If you have a website or online demo please provide the URL or please provide links to any academic or other work you may have published related to your solution. (optional)

> *Important: Ensure your privacy settings are set to the equivalent of "anyone with link may watch" to ensure our selection committee can see your video. Private videos that cannot be accessed will not be assessed.*

26. Describe the most significant piece of testing, validation or evidence you have for this idea so far.

> *Who was involved, what did you learn and how has this shaped your thinking for the future?*

27. What funding, resourcing or support do you think will be required to progress your idea and how far have you progressed in seeking this?

Not yet explored / exploring options (grants, investment or internal support) / application, pitch or proposal submitted or in progress / funding, grant or investment received / self-funded / internal or in-kind support committed.

28. What is already being done to address this problem by other innovators, clinicians, policy makers or by the health system? What gaps remain and what differentiates your solution from what is already taking place?

Section 5. The future

29. If it all works out, where do you see your idea progressing to in 5 years' time and what impact will have been achieved?

Share your vision, this is your chance to be bold!

30. What motivated you/your team to make an application to the Health Innovation Incubator and what do you/your team hope to achieve by participating?

31. What are the top 3 things you need help with right now?

32. Please share your 3 minute recording below.

Record it however you like. A phone camera is absolutely fine, and we are not assessing production quality. You can upload the file or share a link from YouTube, Vimeo or a similar service.

- *Who you are*
- *What problem you are solving*
- *What potential solution you have in mind*
- *Who the end users or beneficiaries of your solution are*
- *What you are hoping to get out of participating in the Health Innovation Incubator*

33. Is there anything else you'd like to add? (Optional)

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