



# R&D PROBLEM / IDEA DEFINITION FORM

This form should be completed as a way of defining a problem or idea that has been received. (Refer to the Research and Development Project Flow Chart). It will be used by Research and Development to gain a clear understanding of the problem and the role of the department in creating a satisfactory solution.

The information you provide on this form will only be used for the purposes stated above. The data contained on this form will be held in a confidential and secure area. Any project that requires the involvement of human or animal research subjects will follow ethical guidelines approved by the Association.

Please tick your answers and provide additional information in the space provided. More than one answer may be ticked if necessary.

Name: .....  
Date: .....  
Contact number: .....  
Most suitable contact time: .....  
Email: .....

1. Which of the following describes your role or involvement with Novita?

- Parent or Carer (please circle)
- Client
- Other (please describe)
- Staff member  
Discipline.....Department.....
- Non Novita professional
- Student

2. What is the core problem? Please describe.

.....  
.....  
.....  
.....

3. Do you have a suggested idea/solution? (If you do have a suggested solution please attach any additional information or diagrams that may support your idea and provide a background to it)

.....  
.....  
.....  
.....

4. How did the problem/idea evolve?

- Involvement with a particular client and family
- Issue arose with multiple clients and families
- Personal experience
- No particular reason

Please provide a brief description of how the idea came about.

.....  
.....  
.....  
.....

5. Why do you think this is an important issue that could lead to a useful project? (please describe)

.....  
.....  
.....

6. Which of the following categories does the problem/idea relate to most closely (you may select more than one)

- |  |  |
|--|--|
| <input type="checkbox"/> Accessing technology  | <input type="checkbox"/> Environmental control |
| <input type="checkbox"/> Care / Family support | <input type="checkbox"/> Leisure               |
| <input type="checkbox"/> Communication         | <input type="checkbox"/> Mobility              |
| <input type="checkbox"/> Computer access       | <input type="checkbox"/> Play                  |
| <input type="checkbox"/> Daily living          | <input type="checkbox"/> Positioning           |
| <input type="checkbox"/> Education / Training  | <input type="checkbox"/> Seating               |

Other (please describe)

.....  
.....

7. Have you done any literature search or are you aware of any work that has been done or is ongoing in this area? (please describe)

.....  
.....  
.....

8. Please provide the names of other people (particularly Novita staff members) that have carried out research in this area or may be helpful.

.....  
.....  
.....

9. Are you aware of products or services on the market that for whatever reason are not quite suitable?

- Yes  No

Other (please describe)

.....  
.....  
.....

10. Could the idea potentially enhance the lives of and provide benefit to multiple individuals and/or their families? (Do you believe that this idea could benefit more than one person?)

- No  Unsure  
 Yes

11. Who would this idea benefit?

- Novita clients  
 Other (please describe)

.....  
.....  
.....

12. What do you see as the role of the Research & Development Department in the development of this project? (you may wish to select more than one)

- Educational (educating staff, clients and families)
- Market Research – researching client needs and competitive products
- Creation of Promotional Support materials
- Technical development / Engineering
- Product / Engineering Design
- Prototyping and testing
- Other (please describe)

.....

.....

.....

13. Can you estimate a potential number of individuals that could benefit from this idea?

- Yes
- No

Estimated number:

14. Are you aware of people that may be willing to be involved in the project (in a defining , testing or trialing capacity)?

- Yes
- No
- Novita Clients
- Families
- Parents
- Support people
- Therapists
- Other (please describe)

.....

.....

15. What is the potential impact/benefit of this idea to Novita clients, families, individuals or others?

.....

.....

.....

.....

Office Use Only:

Problem / Idea added to Project Database

Name:..... Date: .....

Project Name Used: .....

Database Project No.....