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**PARTNERSHIPS and INNOVATION**

**From Lab to Fulfillment Workshop**

**Application Form**

Confidential

From Lab 2 Fulfillment (FL2F) is a purpose-driven workshop on transforming research and discoveries into successful products and companies. This workshop is specifically designed to support female researchers, engineers, scientists, and medical doctors. <https://www.fl2f.ca/>

## Instructions

This form is to be used for applying to the From Lab to Fulfillment program. Please see program information at ([Queen’s FL2F website](https://www.queensu.ca/partnershipsandinnovation/workshops-events/lab-2-fulfillment-workshop)) and complete the form by providing the information in the spaces provided. All information will be held in confidence. If you have questions about the program or the application, please do not hesitate to contact Queen’s Partnerships and Innovation ([qpi.info@queensu.ca](mailto:qpi.info@queensu.ca)) for more information.

Once completed, please email a copy of the completed application to [qpi.info@queensu.ca](mailto:qpi.info@queensu.ca).



## 1. Applicant Information

|  |  |
| --- | --- |
| **Full Name** |  |
| **Faculty** |  |
| **Department** |  |
| **Position** |  |
| **Gender Identity** |  |
| **Email Address** |  |
| **Cell Phone Number** |  |

## 2. Program Interest

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| **What do you hope to learn and gain from participating in the FL2F program?** Answers should demonstrate understanding of what the program is and why you would like to participate. |
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| **Do you have any entrepreneurial or other relevant experience?** If yes, please describe. (Not Required). |
|  |
| **Are you willing to commit and allocate time to the program?** This includes attending:   * 10 hours of synchronous workshops/events; * 5 hours of asynchronous workshops; * 4x25 minutes of one-on-one meetings with a coach; and * approximately 6-12 hours of homework. |
| No  Yes |
| **Are you willing to work in small groups, provide feedback and support to other participants, and sign confidentiality agreements with other workshop participants?** |
| No  Yes |

## 3. Description of idea/invention

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| --- |
| **Please outline the title of the idea/invention that you would like to explore for your workshop practice.** |
|  |
| **Has an invention disclosure form previously been submitted for this project to Queen’s Partnerships and Innovation?** |
| No  Yes - please provide the Technology Reference ID assigned or the title of the disclosure: |
| **Please describe the problem that your idea/invention targets to solve.** What are the limitations, or drawbacks of currently available solutions – apparatus, product, process, or service? (One page maximum) |
|  |
| **Please describe your idea/invention (technology, product or service) and how it could solve the above problem.**  (One page maximum) |
|  |
| **Please describe the development stage of your idea/invention.** (One page maximum)  For example, consider:   * What is the [Technology Readiness Level](https://www.ic.gc.ca/eic/site/080.nsf/eng/00002.html) and/or can you describe accomplishments to date. * What is the feasibility of the idea/invention from a technical standpoint? (eg. consider risk of further development that may be required for implementation) * Has the apparatus, product, or process been made or tested? * Does a sample product exist? * Do you foresee regulatory issues? |
|  |
| **While this program will help you explore commercialization opportunities, please describe what you may have already learned about the potential commercialization of your idea/invention.** (One page maximum)  For example, consider:   * Does a company already exist? (This is not a requirement) * What is the target market and market size? * Are there competitors/alternatives? * Is there an intellectual property protection strategy? |
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