

Department Account Number

## **Medici Enterprise Training Programme 2016/17**Application Form

Section 1 – Persona	l Details							
Title	Name							
University				Department				
Position/Role								
University Address								
Email address				Phone no				
Special Dietary Requi	rements (please detail any y	ou may have)						
Special Requirements (please detail any health condition or disability which we will need to be aware of to enable your attendance (including parking, access to buildings, or facilities/equipment)								
External Delegates	Only							
Purchase Order Num is required to guarantee you	ber (A purchase order numbe ur place on the programme)	r						
The course includes all meals and accommodation for modules 1–3 (dinner, bed and breakfast on the Wednesday night), please let us know if you will not be needing dinner, bed and breakfast because you will be commuting in on both days.								
Dinner, Bed and Brea	kfast for modules 1-3	Yes	No					
Internal University o	f Birmingham Delegate	es Only						
All University of Birmingham staff are required to provide an account code as part of their application. A cancellation fee of £100.00 (per day missed) will be automatically charged to your department if the Enterprise Acceleration team is not notified of non-attendance five working days prior to each module.								

Section 2 – Course Suitability	
Please explain why you are interested in undertaking the Medici Enterprise Training Programme:	
Please detail the areas of your research that you believe could have the potential for knowledge transfer / commercial development:	
If you have previously been (or are currently) involved in any commercial activities surrounding your research, please give brief details	
What benefits do you think you will get from attending the Medici training programme and how will you use the knowledge in the future?	

Section 3 - Agreement						
The Medici Enterprise Training Programme will run from October 2016 through to January 2017 consisting of three two day modules and finishing with a one day module (one module a month, all days from 9.00am – 5.00pm) based at the University of Birmingham, on the following dates:						
<ul> <li>Wednesday 12 and Thursday 13 October 2016</li> <li>Wednesday 16 and Thursday 17 November 2016</li> <li>Wednesday 7 and Thursday 8 December 2016</li> <li>Wednesday 11th January 2017</li> </ul>						
Name of University Sponsor						
Role						
Department						
University Sponsor Agreement						
I am aware of the time requirements of the Medici Programme and I am						
happy for to attend the 7 training days planned between October 2016						
and January 2017.						
Signature Date						
Applicant Agreement						
I confirm that by signing up for the Medici Enterprise Training Programme						
2015/16, I am committing to attend all four training modules as detailed above. If, due to extenuating circumstances,						
I find that I am unable to attend any part of the programme this must be agreed with the programme management in						
advance and my university sponsor will be informed						
Signed Date						

## UNIVERSITY<sup>OF</sup> BIRMINGHAM