# First Travel Voucher Open Call Submission Form

[Read the Call Announcement](https://dih-hero.eu/announcement-of-1st-travel-voucher-open-call-for-recipients-of-financial-support/‎)

**WELCOME TO THE FIRST TRAVEL VOUCHER CALL FOR HEALTHCARE ROBOTICS!**

One essential aspect for the development a pan-European network of Digital Innovation Hubs (DIHs) in Healthcare Robotics is the funding for cross-border travelling to stimulate knowledge exchange within the DIH-HERO network.

# 1. Summary of eligibility criteria

* To be eligible for receiving a cross-border travel voucher within the DIH-HERO project the following criteria will have to be fulfilled:
  1. The applicant must be a legal entity being an SME from EU / EEA country;
  2. The applicant must be working in the field of healthcare and/or robotics;
  3. The proposal must clearly state the purpose of the traveling (visit brokerage event taking place in October this year; Taking part in a conference/network event organized by DIH-HERO and or to visit DIH of the DIH-HERO consortium to make use of its services) as well as the objective and expected outcome of the travel;
  4. A third party may not receive more than 300k FSTP for the entire action duration;
  5. The proposal must be written in English;
  6. The proposal must be submitted via the portal before the deadline;
  7. There must not be any conflicts of interests.

For further information and requirements please see the Applicant Guide.

If you are sure to fulfil all the criteria given above, please continue withthe next section.

# 2. Summary of required information

The following information will be required to complete the submission form:

* **General Information about the company:** Full legal entity name, type of company, official registration number, please of registration, address as well as main contact information.
* **Brief description of the company and its main activity area(s) in regard to robotics/ healthcare (max. 3000 characters)**: Describe the company's current main activities and focus areas the company is working in.
* **Brief description of purpose for cross-border travelling in connection with robotics in healthcare (max. 1200 characters).**
* **Brief description of the impact to be reached through the use of the cross-border travel voucher, when considering the major Healthcare Robotics domains (max. 3000 characters):** (1. Diagnostic Robotics; 2. Interventional Robotics; 3. Rehabilitation Robotics; 4. Robotics supporting Patients; 5. Robotics supporting Healthcare professionals).
* **Results of the EU Self-assessment questionnaire saved in .pdf format.**
* **Signed Declaration of Honour saved in .pdf format.**
* **Signed Consent Form for data processing and storage saved in .pdf format.**

Only one proposal submitted per organisation will be taken into consideration for funding.

# 3. Applicant Information

Please provide the general information about your company.

*Fields marked with a (\*) are required.*

Full name of legal entity\*

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Type of company\*

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*Please state the legal form of the entity.*

Company registration number\*

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*This is the official registration number at which your company is registered in your country (e.g. chamber of commerce).*

Place of registration\*

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PIC code

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*This is a 9-digit number serving as a unique identifier for organisations (legal entities) participating in EU funding programmes. If you have not participated in an EU funding programme before, please move to the next question.*

Address\*

Street Address\*

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ZIP/Postal Code\*

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City\*

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Country\*

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Company website

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# Applicant’s main contact information

Please provide the contact information of the person who administers the entire process. An account will be created using the provided email address.

*Fields marked with a (\*) are required.*

Name\*

First\*

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|  |

Last\*

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Telephone\*

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Email address\*

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*We advise you to use a functional email address that is not tied to a single person.*

# 4. Cross-border Travel Description

Please provide detailed information on how you would use the travel voucher.

*Fields marked with a (\*) are required.*

Brief description of the company and its main activity area(s) in regard to robotics/ healthcare\* (max. 3000 characters)

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*Please describe the company's current main activities and focus areas the company is working in.*

Brief description of purpose for cross-border travelling in connection with robotics in healthcare\*(max. 1200 characters)

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*(Do you plan to visit the DIH-HERO brokerage event, an DIH-HERO event or are you planning to visit a DIH (institution) of the project consortium?) Please describe.*

Brief description of objective and expected outcome of cross-border travelling in connection with the robotics in healthcare domains\* (max. 3000 characters)

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*(1. Diagnostic Robotics; 2. Interventional Robotics; 3. Rehabilitation Robotics; 4. Robotics supporting Patients; 5. Robotics supporting Healthcare professionals)*

Brief description of the impact to be reached through the use of the cross-border travel voucher, when considering the major Healthcare Robotics domains\* (max. 3000 characters)

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*Please describe the impact of cross-border traveling for the following major application domains in Healthcare Robotics. (1. Diagnostic Robotics; 2. Interventional Robotics; 3. Rehabilitation Robotics; 4. Robotics supporting Patients; 5. Robotics supporting Healthcare professionals)*

# 5. Files

*Please attach the result of the SME-Self-assessment questionnaire, the signed declaration of honour and the signed informed consent form for data processing and storage as pdf to the email you send.*

SME-Self assessment questionnaire (as attachment to the email)

**Declaration of Honour**

By submitting a travel voucher proposal, you and your company declare and confirm the following:

* We have read, understood and will comply with the open call details and requirements.
* All information provided in the DIH-HERO travel voucher proposal submitted by our entity is correct and complete.
* The information on the organisation’s legal status submitted is correct (e.g. type of legal entity, in particular with respect to the SME status).
* We are aware of the fact that we can withdraw the DIH-HERO travel voucher proposal at any time, and we will not be penalised for withdrawing.
* Our company is not in any situation, which would exclude us from receiving financial support for third parties.
* Our company is not under liquidation or in financial difficulty.
* Our company is not subject to a conflict of interest in connection with the financial support for third parties.
* We will inform the DIH-HERO consortium, without delay, of any situation considered a conflict of interest or which could raise a conflict of interest.
* We will process any personal data in compliance with the applicable EU and national law on data protection.

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| Name of entity representative |  | Date |  | Signature |

**Declaration of informed consent for data processing and storage**

☐The undersigned, hereby declares and confirms the following:

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* I have read and understood the open call details and requirements.
* I am aware of the fact that the contact and company details provided in the proposal submission form will be processed by the DIH-HERO consortium for the purposes of the open call for travel voucher under the DIH-HERO innovation action.
* I am aware of the fact that the contact and company details provided will be stored by the DIH-HERO consortium for reporting purposes to the European Commission.
* I am aware of the fact the any personal data obtained in the framework of the DIH-HERO travel voucher call will be processed in compliance with the Regulation (EU) 2016/679 General Data Protection Regulation.

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|  |  |  |  |  |
| Name of entity representative |  | Date |  | Signature |

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| 6. How did you get aware of the current call?\* | |
|  | EC Funding and tender portal |
|  | DIH-HERO website |
|  | DIH-HERO social networks (e.g. LinkedIn) |
|  | DIH-HERO newsletter |
|  | DIH-HERO event |
|  | DIH-HERO flyer or handout |
|  | Other event - please specify |
|  | Online search |
|  | Word of mouth (e.g. another company, innovation office,…) |
|  | Other -please specify: |

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*Please select the applicable statements (multiple answers possible)*

I would like to receive the DIH-HERO newsletter with regular updates concerning the network's events and activities.

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|  | Yes |

# 7. Consent\*

I agree to the [privacy statement](https://dih-hero.eu/privacy-statement/) of DIH-HERO.

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