

GLOBAL STUDENT INNOVATION CHALLENGE for Assistive Technology 2019

ENTRY FORM

ORGANIZED BY:

CREATe Asia

&

Assistive Technology Australia

Entry Number:

(Official use only)

1. Title of the Project / Device

2. Particulars of Applicant

Name:
(Advisor/ Supervisor's in-charge)

Contact No:
Email:

School/Institution:
Department/Faculty:
Address (for billing):

2.1. Particulars of other team members

****Please enter name(s) in full [no nicknames as name(s) will be use for certificate and documentation].***

Name:
(Team leader)
Contact No:
Email:

Name:
(Team member #1)
Email:

Name:
(Team member #2)
Email:

Name:
(Team member #3)
Email:

Name:
(Team member #4)
Email:

3. Categories

Please tick on one of the following

<input type="checkbox"/> Design Category	<input type="checkbox"/> Technology Category
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4. Project Description

Give a brief description of your project: Objectives of the project. Who are the target users? Why does the user need this? Safety precaution. Etc. You may also include some pictures or illustration of your project. (****Please try not to exceed 1000 words***)

5. Abstract

Please write a short summary of the overall Project/Device and should not exceed 200 words.