**IP Plus Company Report**

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| **IP Plus End of Project Report**  |
| **Company Name:** |  | **Company project lead:**Name: |
| **Project Number:** (ref, agency letter of Offer) |  | Job title: |
| **Advisor(s):** (name and firm) | (insert rows if necessary) |
| **IP Champion(s):** (name and job title) | (insert rows if necessary) |
| **List other key team member(s) involved in the project if relevant. (**names and job titles) |  |
| **Project Output Details (please respond briefly in the sections below, focussing on key points only)** |
| **What were the key achievements/outputs from the project?** |  | **Did achievements match your expectations at the beginning?**  **Y** [ ]  **N** [ ] (provide a very brief comment on your in the box response below) |
|  |
| **Did the IP Plus project lead to the identification or protection of new IP assets (including IP applications you plan to file in the near future) List the number of your IP assets before and after the IP Plus project. E.g. 1 patent before, 2 after. Do not disclose any confidential information on this form.** | **Patents** | **Registered Designs** | **Trademarks** | **Trade Secrets** | **Other (e.g. licenses, copyrights, plant varieties etc)** |
| **Before** | **After** | **Before** | **After** | **Before** | **After** | **Before** | **After** | **Before** | **After** |
|  |  |  |  |  |  |  |  |  |  |
| **Immediate impacts the project had on your business (e.g. new jobs, R&D plans, new systems/processes, budget implications, market focus, culture etc).** |  |
| **Longer-term impacts do you expect to result from this project for the business? (e.g. new business model, new sources of revenue, investment potential, increased valuation, etc).** |  |
| **Does the company plan undertake additional work to advance the IP Strategy?**  |  | **Do you intend to apply for follow on IP support from EI?****Y** [ ]  **N** [ ]  |
| **What impact did the project have on the IP awareness/capability in your company?**(On the following scale from Very Low to Very Good, please indicate how you would rate your IP awareness/capability before and after the IP Plus project) | **Very Low-** No awareness of IP and how to manage it. | **Low –** Some awareness but not actively managing our IP. | **Medium –** Some initial IP protection steps taken. Some awareness and ad hoc access to external expertise. | **Good –** Actively protect IP with external expert support. Work to do on broadening IP strategy and in-house capability. | **Very Good –** Well documented and systematic approach to IP Management. Good internal IP awareness. Our IP strategy is aligned with our growth plans. |
| Before:[ ]  | After:[ ]  | Before:[ ]  | After:[ ]  | Before:[ ]  | After:[ ]  | Before:[ ]  | After:[ ]  | Before:[ ]  | After:[ ]  |
| **Case study**  |
| **Would you be interested in allowing EI to develop a case study based on the project? If yes or maybe, EI will contact you to discuss what’s involved in more detail.** (note: The purpose of developing case studies is to help promote the IP Strategy Offer to other companies that face similar challenges to yours. Case studies may be published on the EI website but will not contain any confidential information and not before obtaining your approval).  | **Y** [ ]  **N** [ ] **Maybe** [ ]  (I’d like to know more before I commit) |
| **Feedback.** (relating to your experience of the IP Plus support to help us improve the operation of the scheme) |
| **To what extent did the scheme meet your needs?** | **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ] **poor excellent** |
| **How would you rate the ease of access of the scheme, including eligibility criteria, application and reporting processes?** | **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ] **poor excellent** |
| **How would you rate the level of guidance and support provided by EI?** | **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ] **poor excellent** |
| **How would you rate the likelihood that you would seek additional IP strategy support from EI in the future?** | **1** [ ]  **2** [ ]  **3** [ ]  **4** [ ]  **5** [ ] **poor excellent** |
| **Client Comment (optional):** If you would like to provide any feedback to EI in relation to your experience of the IP Plus support, please enter it here**. (optional)**  | **Comment:** |
| **Advisor Comment (optional):** Please enter any feedback on the IP Plus Support from the Advisor(s) here, (insert rows if necessary) | **Advisor name:** | **Comment:** |
| **Signature** |
| **Company representative:** | **Name:** |  | **Signature** |  | **Date:** |  |