**Student Innovation Projects - Client Brief**

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| Organisation Name: |  |
| Address: |  |
| Sector: |  |
| Main Contact Name: |  |
| Main Contact Telephone Number: |  |
| Main Contact E-mail Address: |  |
| Alternative Contact Name: |  |
| Alternative Contact Telephone Number: |  |
| Alternative Contact Email Address: |  |
| Website: |  |
| Briefly describe your organisation: |  |

**Please detail below the business issue or need you would like a team of students to address.** To ensure your project is suitable for a Student Innovation Project, please refer to the Client Handbook.

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| **Project Title:**  |
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| **Business Issue or Need** (please contextualise this if appropriate): |

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| **Project Aims** (please be mindful that the expected student outcomes are a set of recommendations, not to implement their suggested solutions): 1.2.3. |
| **Skills you think the students will require to complete the project:** |

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| Students are expected to arrange a client meeting with yourself during the first week of their 4-week project, ideally as early as possible. Please detail any dates or times that are not suitable for an initial client meeting during week 1.**Dates unavailable for initial meeting:** |

We understand that every organisation will have a different approach to minimising the risk of COVID-19. Please select below if you are happy to meet the students in-person over the duration of this project at your premises or visit our campus where suitable space can be booked by your teams.

Please add an ‘x’ in the right-hand column for all statements relevant to you:

|  |  |
| --- | --- |
| I am happy to have the students visit our workplace for an initial meeting and / or the final presentation |  |
| I am happy to travel to the University to meet the students for an initial meeting and / or the final presentation |  |

Please return to employ@southampton.ac.uk along with your

completed Health and Safety form.