

INTELLECTUAL PROPERTY DISCLOSURE FORM

**WHO SHOULD USE THIS FORM**

Any employee of the University who has conceived and developed a system, product or process which is deemed to be new and innovative and which may have commercial potential.

**WHY USE THIS FORM?**

The completion of this form and lodgment with Research Services satisfies the requirement that any IP created by an employee of the University is immediately disclosed to the University.

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| **1. Working Title** |
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| 1. **Brief Description**   Please feel free to attach a draft paper or similar describing the IP. |
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| 1. **IP Creators**   The Creator(s) of IP includes: any person who is rightfully listed as an “Inventor” on a Patent or Patent Application; any person who is the author of an original work; and any other person who the Creators jointly identify as having contributed materially to the creation of the Knowledge Asset and to whom they can ascribe a definable share of the creation.  A Creator may be a member of staff or a student of the University, or an external collaborator. | | |
| Full Name | Position at Time of IP Creation | Role in IP Creation |
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| **4. Were any students involved in the creation of this IP? YES/NO**  If YES, complete below. | | |
| Full Name of Student | Student ID | Role in IP Creation |
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| **5. Financial Sponsors** | | | |
| Was the IP created with the assistance of any external research grants, scholarships, CRC funding, commercial agreement or other external funding? | | **YES/NO**  If YES, complete below. | |
| Source of funding | Project Title | Year/s | Project Number |
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| **6. Third Party Interests** | | |
| **Interest** | **Please tick** | **Comments** (please identify parties involved and briefly describe the nature of the interest) |
| Background IP provided by Sponsor |  |  |
| Background IP provided by other external party |  |  |
| Materials Transfer Agreement between external party and UNE signed |  |  |
| Confidentiality Agreement signed |  |  |
| Requirement to disclose IP to Sponsor |  |  |
| Requirement to negotiate IP with Sponsor as first preferred party |  |  |
| Requirement to license IP to Sponsor |  |  |
| Other |  |  |
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| **7. Dates of IP Creation** | | |
| Date | How is this documented? (lab notebook, notes, software etc.) | Where are documents kept? |
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| **8. Disclosures to Date** | | |
| **Written Disclosure:** | **Date** | **Title, Publication, Publisher, Conference** |
| Publication |  |  |
| Conference Paper |  |  |
| Student thesis |  |  |
| **Oral Disclosure:** | **Date** | **Person/s to whom disclosed, Location, Organisation** |
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| 1. **Action Required**   Please indicate below what action you consider is now required in relation to this IP. | |
| Additional R&D required |  |
| Collaboration with a third party to develop IP further |  |
| Provisional patent required |  |
| Confidentiality Agreement required |  |
| Materials Transfer Agreement required |  |
| Ready to commercialise |  |

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| **10. Declaration by IP Creators** (to be completed by ALL persons mentioned in Item 3)  I hereby declare that to the best of my knowledge all statements and information provided above are true and correct. | | |
| IP Creator’s Name | Signature | Date |
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| **11. Principal Contact Person for this Disclosure** | |
| Name |  |
| Position |  |
| Telephone Number – internal |  |
| Telephone Number – other |  |
| Email address |  |

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| **12. Signature by Head of School** | | |
| I have taken note of this Disclosure.  Signature | Name | Date |

**When COMPLETED, send this form to:**

Pro Vice-Chancellor (Research), Research Services

**ENQUIRIES** Telephone: (02) 6773 3715 Fax: (02) 6773 3543 Email: [pvcr@une.edu.au](mailto:pvcr@une.edu.au)