**INVENTION DISCLOSURE FOR SMI STAFF, STUDENTS OR VISITING FELLOWS**

**THE SUSTAINABLE MINERALS INSTITUTE (SMI)**

**THE UNIVERSITY OF QUEENSLAND**

**CONFIDENTIAL**

This form allows SMI to identify intellectual property (IP) at an early stage. The form asks questions about the background of inventions and how they were developed, including who developed the IP behind inventions.

Please respond fully and answer all questions. Attach extra pages if you need to. Include drawings if you think that would be helpful. Your answers will help SMI’s IP Committee to work out how best to protect and commercialise inventions.

Please make sure the Project Leader, Centre Director and all contributors sign a hard copy of the form. They should sign where indicated under the heading “Contacts and Contributors”. Please return the completed scanned form to the SMI IP Coordinator as soon as everyone has signed it ([ipcoordinator@smi.uq.edu.au](mailto:ipcoordinator@smi.uq.edu.au)).

The SMI IP Committee will review your answers in the first place. The Committee may then appoint a senior SMI or external researcher or reviewer with expertise in the field to assess the invention. We will make sure that exernal researchers or reviewers sign a confidentiality agreement to protect confidentiality.

The SMI IP Committee consists of:

* SMI Institute Director
* SMI Deputy Director Operations acting as the Chair of the IP Committee
* One or more Centre Directors
* SMI IP Coordinator

The Invention Disclosure process appears here: [UQ Intellectual Property for Staff, Students and Visitors](https://ppl.app.uq.edu.au/content/4.10.13-intellectual-property-staff-students-and-visitors).

Invention disclosures are confidential. We will not disclose inventions, except to people who evaluate inventions or approve further action, or as required by law, unless we obtain consent from relevant people.

If you are making a minor amendment to a previous IP Notification, please provide the title of the invention and proceed to complete the details in point 23.

**CHECKLIST:**

\_\_\_1. Have all the inventors, the Project Leader and the Centre Director signed the form?

\_\_\_2. Have you included all appropriate supporting material?

\_\_\_3. Have you kept a copy for your records?

# DISCLOSURE NO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (OFFICE USE ONLY)

**INVENTION DETAILS**

**Title**

1. What is the title of the invention?

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**Field**

1. What is the field of technology?

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| --- | --- | --- | --- | --- |
| Mineral Extraction and Geology |  |  | Mineral Processing and Geometallurgy |  |

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| --- | --- | --- | --- | --- |
| Mine Rehabilitation |  |  | Water Management |  |

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| --- | --- | --- | --- | --- |
| Community Engagement |  |  | Workplace Health & Safety |  |

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| --- | --- | --- | --- | --- |
| Computer/IT/Software |  |  | Other (please describe) |  |

**Contacts and Contributors**

1. Who are the SMI contacts?

***Primary SMI contact***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name (Prof/AProf/Dr/Mr/Mrs/Ms) | |  | | |
| Telephone |  | | E-mail |  |
| Centre |  | | | |

##### *Project Leader*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | Full Name | |  | | | | |
| Position | |  | | | | | | | FT/PT/Visitor/Other | |  |
| Centre | | | |  | | | | | | | |
| Telephone | | |  | | | | | E-mail | |  | |
| Signature of Project Leader | | | | | |  | | | | | |
| Date | | | | | |  | | | | | |

##### *Centre Director*

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | Full Name | |  | | |
| Centre | | |  | | | | | |
| Telephone | |  | | | | | E-mail |  |
| Signature of Centre Director | | | | |  | | | |
| Date | | | | |  | | | |

1. Please give details of everyone who contributed to the invention. Include everyone who helped develop the concept, or design or construct any prototype. Include all students who worked on any part of the project. Attach extra pages if there are more than 3 contributors.

##### *Contributor 1*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Title |  | | | | | | Full Name | | |  | | | | | | |
| Position | |  | | | | | | | | | | FT/PT/Visitor/Other | | | |  |
| Centre | | | | |  | | | | | | | | | | | |
| Faculty/Institute/School | | | | | | |  | | | | | | | | | |
| Telephone/Mobile | | | |  | | | | | | | | | E-mail |  | | |
| Country of citizenship | | | | | |  | | | | | | | | | | |
| Home address | | |  | | | | | | | | | | | | | |
| Description of contribution | | | | | | | | |  | | | | | | | |
| IP ownership percentage for the new IP | | | | | | | | | | |  | | | | | |
| Signature of contributor | | | | | | | |  | | | | | | | Date: | |

##### *Contributor 2*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | | | Full Name | | |  | | | | | | |
| Position | |  | | | | | | | | | | FT/PT/Visitor/Other | | | |  |
| Centre | | | | |  | | | | | | | | | | | |
| Faculty/Institute/School | | | | | | |  | | | | | | | | | |
| Telephone/Mobile | | | |  | | | | | | | | | E-mail |  | | |
| Country of citizenship | | | | | |  | | | | | | | | | | |
| Home address | | |  | | | | | | | | | | | | | |
| Description of contribution | | | | | | | | |  | | | | | | | |
| IP ownership percentage for the new IP | | | | | | | | | | |  | | | | | |
| Signature of contributor | | | | | | | |  | | | | | | | Date: | |

##### *Contributor 3*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | | | | | | Full Name | | |  | | | | | | |
| Position | |  | | | | | | | | | | FT/PT/Visitor/Other | | | |  |
| Centre | | | | |  | | | | | | | | | | | |
| Faculty/Institute/School | | | | | | |  | | | | | | | | | |
| Telephone/Mobile | | | |  | | | | | | | | | E-mail |  | | |
| Country of citizenship | | | | | |  | | | | | | | | | | |
| Home address | | |  | | | | | | | | | | | | | |
| Description of contribution | | | | | | | | |  | | | | | | | |
| IP ownership percentage for the new IP | | | | | | | | | | |  | | | | | |
| Signature of contributor | | | | | | | |  | | | | | | | Date: | |

**BACKGROUND**

1. Describe the invention fully and simply. Describe background IP used in the invention and new IP embodied in the invention.

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1. What is the closest existing or known technology?

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1. What problems with existing technology does the invention solve?

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1. Describe the history of the IP development.

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1. Have you tested the invention experimentally? What does the data show? Provide evidence of concept validation. If software is involved, provide functional specifications and test cases.

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1. Have you searched patents or literature for similar or related technologies? Please include results if you have them.

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**DISCLOSURE**

1. Has anyone disclosed or discussed the invention outside UQ (e.g. to colleagues or collaborators)? Please give details.

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1. Has anyone described or referred to the invention in writing or any form of publication (e.g. abstracts, papers, public presentations, conferences, posters, websites, emails)? Please give details (e.g. dates and copies of documents).

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1. Is anyone planning to publish or speak about the invention in the next six months (e.g. publications of any kind, seminars, conferences)? Please give details, including copies of any proposed documents.

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**PROJECT FUNDING**

1. Was the effort that led to this invention undertaken as part of a funded research project? Please give details.

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1. Do you know if any funding agencies or creators external to UQ have or might claim ownership of the invention? Please give details.

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1. Was the invention developed in whole or in part using any UQ resources (e.g. facilities, equipment, materials, funds, information, or the time or services of you or other UQ employees)? Please give details.

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1. Do you know of any contracts that relate to the invention? Please give details.

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**NEXT STEPS**

1. Do you see possible applications and markets for the invention? Please give details.

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1. Please give details of time expended to date on developing the invention. Do you have funds, time, staff and other resources to undertake additional research which may be required for a patent application (for example obtain additional experimental data, construct a prototype or produce samples)?

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1. Please list individuals within UQ and external to UQ with technical or economic expertise in the field of the invention who could be asked confidentially to review, assess, or evaluate the technical and commercial potential of this invention.

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1. Please include any other information you feel may be important to help us assess the invention.

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1. Do you think UQ should apply for a provisional patent at this time?

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1. Additional information for pre-existing invention disclosure.

Title of existing invention disclosed:

SMI IPC Notification number (if known):

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###### RECOMMENDATIONS (OFFICE USE ONLY)

**Senior Expert Researcher/Reviewer comments:**

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|  | |
| Date: |  |

**IP Committee recommendation:**

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|  | |
| Date: |  |

**SMI Director approval**

|  |  |
| --- | --- |
| Name: |  |
| Signature: |  |
| Date: |  |