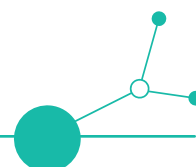


Practical implementation tools for the RehAllianCE Acceleration Manual



Version 7
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SME NEEDS & READINESS CHECK TEMPLATE

This template supports the Match & Assess step. It helps the implementing support organisation understand the SME's current situation, development stage, support need and expected outcome. The result should be a short SME support profile that can be matched with available services.

RehAllianCE Acceleration Manual — SME Needs & Readiness Check

*Complete one form per SME. Fields marked * are required.*

1 · SME Profile

Organisation * <i>(required)</i>	Full name of the organisation
Contact Person * <i>(required)</i>	Name, role, and email address of the responsible person
Region / Country * <i>(required)</i>	Region / Country
Website * <i>(required)</i>	Website of the organisation
Description * <i>(required)</i>	Short description of the main focus

2 · Technology Description

Full Description * <i>(required)</i>	Provide 3–5 sentences describing the technology or solution. Explain its purpose, how it works, what makes it innovative and which problem it aims to solve.
Rehabilitation Purpose * <i>(required)</i>	Describe the rehabilitation need addressed by the solution. Explain how it could support patients, therapists, clinicians, care providers or rehabilitation organisations.
Current Use Case	Describe where and how the solution is intended to be used, for example in clinical rehabilitation, home-based rehabilitation, prevention, monitoring, training, assessment or care support.
Technology Type * <i>(required)</i>	☐ Digital health application ☐ Medical device ☐ Assistive device ☐ Wearable ☐ Robotics ☐ Tele-rehabilitation solution ☐ Platform / software ☐ Other: <i>If selected, please specify</i>
What the solution does not cover * <i>(required)</i>	Clarify boundaries to avoid mismatched expectations. Describe what the solution does not provide, for example clinical diagnosis, therapy replacement, emergency care, reimbursement advice or certified medical treatment, if applicable.

3 · Target Audience

Primary Audience * <i>(required)</i>	☐ Patients ☐ Older adults ☐ Therapists ☐ Clinicians ☐ Care provider ☐ Hospitals ☐ Rehabilitation centres ☐ Other: <i>If selected, please specify</i>
Secondary Audience	Other groups who may benefit from or interact with this service e.g. regulators, Living Lab networks, DIHs, Chambers of Commerce



4 · Readiness Level

Is the solution already in use? * *(required)*

- ☐ No
☐ Pilot use
☐ Limited market use
☐ Commercially available

Current development stage *
(required)

Indicate technology readiness level, maturity readiness level or integration readiness level if known. If not known, briefly describe the current stage.

Prototype or demonstrator *
(required)

- ☐ Yes ☐ No ☐ In development

Existing feedback and evidence * *(required)*

- ☐ User feedback
☐ Technical validation
☐ Clinical evidence
☐ Market feedback
☐ None yet
☐ Not applicable

5 · Main Support Need

Main challenge at the moment * *(required)*

What is currently slowing down development, validation, implementation or market uptake?

What should the support help clarify? * *(required)*

e.g. usability, rehabilitation fit, market potential, regulation, reimbursement, procurement, implementation or financing

Useful outcome of the support * *(required)*

e.g. validation findings, user feedback, market orientation, stakeholder map, implementation recommendations or next-step action plan

6 · Requested Support Module

Validate * *(required)*

- ☐ High ☐ Medium ☐ Low

Orient * *(required)*

- ☐ High ☐ Medium ☐ Low

Anchor & Scale * *(required)*

- ☐ High ☐ Medium ☐ Low

7 · Specific Support Interests

Please select all relevant support interests * *(required)*

- ☐ User feedback or usability testing
☐ Rehabilitation use-case validation
☐ Technical pre-validation
☐ Testing in a Living Lab or real-life environment
☐ Regulatory orientation
☐ Reimbursement orientation
☐ Market assessment
☐ Competitor analysis
☐ Stakeholder or partner mapping
☐ Procurement or implementation planning
☐ Funding or investment orientation
☐ Other: *If selected, please specify*