**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:** |
| |  | | --- | | **Business Issue or Need:** | |
| **Project Aims:** |

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:**

Please return to [employ@southampton.ac.uk](mailto:employ@southampton.ac.uk) along with your

completed Health and Safety form.