# Community Defibrillator Fund Application Form

## Contact Details

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| --- | --- |
| Name: |  |
| Organisation: |  |
| Address: |  |
| Phone: |  |
| Email: |  |

## AED Location and accessibility

Where would the AED be located?

|  |  |
| --- | --- |
| Business/Building Name: |  |
| Address: |  |
| What is the proposed location of the AED at these premises? |  |
| If successful, what address would you like the AED to be sent to? |  |
| Is the proposed AED location accessible 24hrs, 7 days a week | YES  NO |
| Is the proposed location easy to access by all? |  |

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| Please describe the community that will benefit from the AED? |
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| Describe how you will maximise accessibility of the AED in your community? |
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| Why do you believe there is a need for an AED in your community? |
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| --- | --- |
| How many people could benefit from an AED in your community? |  |

| User Responsibilities/Maintaining the AED |  |
| --- | --- |
| Are you prepared and able to maintain the AED including? |  |
| * purchasing and replacing the battery every 4 years (approx. cost $250 excl GST) | Yes  No |
| * purchasing and replacing the pads every 2 years (approx. cost $85 excl GST) | Yes  No |
| Are you and at least two other members of your organisation willing to undertake the required e-training to learn how to use the AED? | Yes  No |
| Will you require a wall mounting bracket for the AED? | Yes  No |

| Early Access to Defibrillation Program |  |
| --- | --- |
| Are you prepared to register the AED with Ambulance Tasmania’s Early Access to Defibrillation Program? | Yes  No |
| Are you prepared to respond to a Cardiac Arrest as part of the Ambulance Tasmania Early Access to Defibrillation Program? | Yes  No |

You may provide additional supporting statements in support of your application, if desired. Please email the completed form to [communityAEDfund@ambulance.tas.gov.au](mailto:communityAEDfund@ambulance.tas.gov.au)

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_