



# Community Defibrillator Fund Application Form

## Contact Details

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	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the proposed location easy to access by all?	

## Please describe the community that will benefit from the AED?

<b>Describe how you will maximise accessibility of the AED in your community?</b>

<b>Why do you believe there is a need for an AED in your community?</b>

<b>How many people could benefit from an AED in your community?</b>	
---	--

<b>User Responsibilities/Maintaining the AED</b>	
Are you prepared and able to maintain the AED including?	
• purchasing and replacing the battery every 4 years (approx. cost \$250 excl GST)	<input type="checkbox"/> Yes <input type="checkbox"/> No
• purchasing and replacing the pads every 2 years (approx. cost \$85 excl GST)	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you require a wall mounting bracket for the AED?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Early Access to Defibrillation Program</b>	
Are you prepared to register the AED with Ambulance Tasmania's Early Access to Defibrillation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to respond to a Cardiac Arrest as part of the Ambulance Tasmania Early Access to Defibrillation Program?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: \_\_\_\_\_