**Community Defibrillator Fund Application Form**

# Contact Details

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

# AED Location and accessibility

AEDs must be located in rural and remote areas. Where will the AED be located?

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| Business/Building Name: |  |
| Address: |  |
| What is the proposed location of the AED at these premises? This must enable 24 hour, seven day a week access |  |
| Please confirm the AED will be accessible 24 hour, seven days a week | YES  NO |

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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? (Consider is the location central to the community, on a main road, is there good lighting in the area, etc) |
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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 and/or identified person prepared and able to maintain the AED including? |  |
| * purchasing and replacing the battery every four years (approx. cost $250 excl GST) | Yes  No |
| * purchasing and replacing the pads every two years (approx. cost $85 excl GST) | Yes  No |
| Are you and at least two other members of your community/organisation willing to undertake the required on-line e-training to learn how to use the AED? | Yes  No |
| Weatherproof housing will be provided with the AED. Please indicate that you accept responsibility for installation of the AED and its housing | Yes  No |

| Early Access to Defibrillation Program |  |
| --- | --- |
| Please confirm that you will register the AED with Ambulance Tasmania’s Early Access to Defibrillation Program? | Yes  No |
| Are you and others in your community/organisation 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_