



Early Access to Defibrillation Program Incident Information Service Registration Form

Ambulance Tasmania (AT) can provide on request information about nearby cardiac arrests and other incidents where the victim may benefit from use of an Automated External Defibrillator (AED). Use this form if you have read the Early Access to Defibrillation Program (EADP) Information Sheet and wish to subscribe to this information service. If you have more than one AED, please fill out a separate form for each device. When completed, please return this form by email to aed@ambulance.tas.gov.au, by fax to (03) 6230 8515 or by mail to Early Access to Defibrillation Program, Ambulance Tasmania, 12 Brisbane Street Hobart 7000. For assistance with completing this form, please call 1300 979 057 during office hours. These contact details can also be used to change the information you provide on this form or to unsubscribe.

Contact Details:		Name: _____	
Phone numbers to be registered with the Incident Information Service: (Maximum of 3 phone numbers)		Non-urgent matters phone: _____ <small>(fixed line or mobile)</small>	
1. _____		Email address: _____	
2. _____			
3. _____			
AED Location: <small>(if you are a member of an emergency service agency and the AED is kept in a vehicle, please provide normal garage address and put vehicle details in device location box)</small>			
Building/Business Name: _____			
Address: _____		Where exactly is the AED kept: _____	
City/Town: _____			
Post Code: _____			
What times of day and/or days of the week is your AED generally available? <small>(For example only during business hours, or only open in summer ... please be as detailed as possible if there are restrictions. AT does not guarantee to be able to restrict the times you will receive notifications but will endeavour to restrict the information feed to times your AED is available for use.)</small>			
<input type="checkbox"/> 24 hours / 7 days <input type="checkbox"/> Monday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Tuesday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Wednesday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Thursday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Friday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Saturday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____ <input type="checkbox"/> Sunday <input type="checkbox"/> Midnight-8am <input type="checkbox"/> 8am-6pm <input type="checkbox"/> 6pm-midnight <input type="checkbox"/> Other: _____			
Other preferences: _____			
AED Specifications:		How did you hear about the EADP? <small>(please circle & provide detail)</small>	
Brand: _____		EADP publicity material	Social media (which one?)
Model: _____		AT website	Magazine (which one?)
Date purchased: _____ <small>(approx. ok if exact date unknown)</small>		Newspaper (which one?)	TV/Radio (which station?)
		Other/Specify: _____	

I have read and understood the Early Access to Defibrillation Program Information Sheet and understand that Ambulance Tasmania may choose to provide incident information via telephone to the specified numbers if there is an applicable cardiac arrest ("incident") near the AED Location shown above. I understand that by providing incident information Ambulance Tasmania is not requesting my or any other person's assistance, that I am under no obligation whatsoever to provide any assistance or otherwise take any action in respect of an incident, and that anything I do with the information provided by Ambulance Tasmania is entirely at my own initiative and entirely at my own risk.

Signed: _____

Date: _____

Print Name: _____

Ambulance Tasmanian use only			
<input type="checkbox"/> Location verified	<input type="checkbox"/> fixed <input type="checkbox"/> mobile	<input type="checkbox"/> Coordinates verified as:	<input type="checkbox"/> AED Registry Updated
<input type="checkbox"/> Device details verified (init)	<input type="checkbox"/> public <input type="checkbox"/> ES		<input type="checkbox"/> CAD Map Updated