



Community Defibrillator Fund Application Form

Contact Details

Name:	
Organisation:	
Address:	
Phone:	
Email:	

AED Location

Where would the AED be located?

Business/Building Name:	
Address:	
What is the proposed location of the AED at these premises?	

Accessibility and Availability of AED

What times of day and days of the week would the AED be available to the public?
Please specify time, by ticking the appropriate boxes:

Day	Midnight to 8am	8am to 6pm	6pm to Midnight	24 hours	Other
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please describe the community that will benefit from the AED?

Describe how you will maximise accessibility of the AED in your community?

Why do you believe there is a need for an AED in your community?

How many people could benefit from an AED in your community?

User Responsibilities/Maintaining the AED

Yes/No

Are you prepared and able to maintain the AED including:

- purchasing and replacing the battery every 4 years (approx. cost \$300-\$350)
- purchasing and replacing the pads every 2 years (approx. cost \$95-110)

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?

Will you require a wall mounting bracket for the AED?

Early Access to Defibrillation Program

Yes/No

Are you prepared to register the AED with Ambulance Tasmania's Early Access to Defibrillation Program?

Are you prepared to respond to a Cardiac Arrest as part of the Ambulance Tasmania Early Access to Defibrillation Program?

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

Signed: _____

Date: _____