**Defibrillator Project - Application Form**

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| **Name of recipient of the defibrillator**(This should be the community group/company/organisation that is co-ordinating the appeal to provide a public access defibrillator) | Click or tap here to enter text. |
| **Where will the defibrillator be sited?**Please provide as much detail as possible, including the postcode | Click or tap here to enter text. |
| **Will the defibrillator be sited outdoors?** | Click or tap here to enter text. |
| **If the answer to the above question is no then please provide full information on the days and times that the defibrillator will be accessible** | Click or tap here to enter text. |
| **Please provide some brief information on your plans for the fundraising to meet your target amount** | Click or tap here to enter text. |
| **Are you able to organise an event in conjunction with St John Scotland to provide CPR training and information on the defibrillator (if your application is successful)?** | Click or tap here to enter text. |
| **Name of the designated contact person** | Click or tap here to enter text. |
| **Their email address** | Click or tap here to enter text. |
| **Their best contact number** | Click or tap here to enter text. |

**I confirm herewith that the above information is correct and that I have read and understood the conditions listed in the guidance leaflet:**

Signed 

*Please insert your signature here electronically or print off this form and sign it*

Print Name Click or tap here to enter text.

Position Held (if applicable) Click or tap here to enter text.

Date Click or tap here to enter text.