|  |  |
| --- | --- |
|  | **Details** |
| Muncipal District |  |
| PPN Registration Number |   |
| Name of Group |   |
| Address 1 |   |
| Address 2 |   |
| Address 3 |   |
| Address 4 |   |
| Telephone |   |
| e-mail |   |
| website |   |
| Legal Status |   |
| Company/Charity Number |   |
| How many are in your CFR group? |   |
| How long is the CFR Group set up? |   |
| Do you already have an AED? |   |
| Have you included the Minutes of last AGM? |   |
| Have you included Constitution/Statement of Aims and Objectives? |   |
| TEAM LEADER Name |   |
| Address 1 |   |
| Address 2 |   |
| Address 3 |   |
| Address 4 |   |
| Telephone |   |
| e-mail |   |
| Are the Group registered with NAS (National Ambulance Service)? |   |
| Who is your NAS Operations Resource Manager (ORM) |  |
| NAS ORM Phone Number |   |
| NAS ORM Email |  |
| Proposed Location of External  |   |
| Do you have permission to site AED from owner of property? |   |
| Do you have permission to connect to electricity supply? |   |
| Do you have a RECI sign off for installation of DEFIB? |   |
| What is the Geographical Area you will Cover? |   |
| What is your plan to assist in raising the profile of Community First Responders within the community? |   |
| Where are the nearest existing AED’s located? |   |
| Do you have Insurance in place for the AED? Please provide Copy of insurance. |   |
| If no, please provide Insurance Quote for AED? |   |
| Do you have funding in place to replace 2 set of pads and cover servicing of AED? |   |
| Do you have funding in place to ensure an adequate level of stock for consumables |  |
| Are you in a position to arrange initial training and recertification for all Community First Responders |  |
| Are you in a position to support and motivate the team of Community First Responders and act as focal point for members |   |
| Are you in a position to check on the volunteers welfare |   |
| Are you in a position to ensure that responders are familiar with the Scheme’s policies and procedures. |   |
| Please outline Public Relations Strategy for communicating with your community. |   |

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All completed applications meeting all of the criteria outlined must be submitted to defibmeathppn@gmail.com by the closing date of **5pm on Wednesday 12th July 2017.**

**Please note: Due to the expected demand all criteria must be completely fulfilled in advance of the closing date. Incomplete applications will not be considered. The Secretariat reserves the right to add or amend criteria where necessary.**