

## Defibrillator Application Form (V2)

Name of person completing application:

Contact No:

Email address:

Organisation/School Defibrillator is for:

Address of where Defibrillator will be housed:

School UPN:

How will this machine benefit the community?

(Please give as much information as possible)

Where did you hear about CRRF?

How would you be able to support the charity in the future?

The Defibrillators are currently Machine £650.00

Housing case £550.00

What amount can you contribute to this grant application?

How will payment be made? Just Giving/Cheque/BACS

The following is criteria that the charity works with to promote the work we do in saving lives and help us to help others. By signing this form, you confirm your approval of the below: -

1. Photographs of the handover of the Defibrillator/Cabinet
2. Use of these photographs on Social Media/Charity website to support the charity work
3. Sharing information with your service users of upcoming fundraising events of CRRF
4. In partnership with CRRF any media awareness around the Defibrillator
5. I agree to any maintenance and replacement costs of any parts associated with the AED.

Signature:

Position:

Date:

**Charity completion**

**CRRF: Ref No:**

**Date:**

**Grant approved: YES/NO**

**Information:**