

West Lindsey

Community Defibrillators



Community Defibrillator Scheme

Application Form

Applicant Name:

Our Reference:



Contact Details

Our Guidance Notes for this scheme contain further detailed information and advice. You can view them on our website: www.west-lindsey.gov.uk/defib

Submit completed forms by e-mail to: defib@west-lindsey.gov.uk
Or return by post to: Defibrillator, Guildhall, Marshall's Yard, Gainsborough, DN21 2NA

If you have any queries you can contact us via e-mail or telephone: 01427 675145

Closing Date for Applications

Before applying visit our website to check the scheme is still open and how many defibrillators are available to apply for: www.west-lindsey.gov.uk/defib

1. Your Organisation

You will find useful guidance in this side bar throughout this form.

The organisation should be the full name as stated on your constitution or similar governing document.

Please provide full contact details for yourself and another person we can contact in your organisation.

Name of Organisation:

Type of organisation:

Postal Address including postcode:

Website address or social media page:

Your full name:

Position in organisation:

Daytime telephone number:

Mobile telephone number:

E-mail address:



2. Defibrillator Location

**The scheme works on a priority basis. This means a 2nd defibrillator requested may be awarded at a later date subject to prioritising other communities with no defibrillators.*

Please provide the full postal address of the building you would like the defibrillator located.

A final decision on location will be agreed by West Lindsey District Council with advice from LIVES and EMAS.

Please provide building owner details should we need to contact them about installation.

We need to know about existing defibrillators so we can give priority to communities without any.

This only applies to devices in open public spaces.

How many defibrillators are you requesting for your community?

One Two*

Town or Village you are requesting a defibrillator for:

Postal Address of preferred location for installation:
Please include the name of the building and the postcode

Describe where on the building you would like it installed:
Remember that the unit will require connection to a power supply

Person or Organisation that owns the building:

Contact Name:

Contact Telephone Number:

E-mail address:

Is there already a community defibrillator in the town or village?

Yes No How many?

If Yes where is it located?

If Yes who maintains it?



3. Defibrillator Training

Please identify a local venue you can provide for us to deliver a training and awareness session.

If you request additional training sessions LIVES will contact you to make further arrangements.

A training and awareness session for up to **12 people** will be provided by LIVES for all locations that receive a community defibrillator. You will need to provide a local venue for this training.

What venue can we deliver this training in?

Additional training sessions can be provided by LIVES for an additional cost. If requested LIVES will contact you directly.

Would you like to order additional training sessions?

Yes No

4. Declaration for Organisation

Please tick and sign to confirm you understand and agree to the declarations:

“I confirm that my organisation will comply with all terms and conditions that apply to this scheme”

“I confirm that my organisation will assume full responsibility for all on-going maintenance, repairs and replacements for the defibrillator”

“I confirm that my organisation will pay the **£400 contribution** per defibrillator to West Lindsey District Council prior to any installation”

Please Note: Do not send payment or cheques with this application form. We will request the contribution after confirming if your application has been approved.

You can view the Terms and Conditions online: www.west-lindsey.gov.uk/defib

Please sign and date this application to confirm you have read and agree to the declaration.

Signature: Date:

Full Name:

Position within organisation:

If you are completing this form electronically you **DO NOT** have to sign this form, just ensure you have entered your e-mail address on the contact details page.