Defibrillator Donation Request Form

For your request to be considered by our Giving Back Committee, you’ll need to answer a couple of questions for us to understand a bit more about what you want us to fund.

Please ensure you complete the form as fully as possible and to the best of your knowledge. Please note that all applications that aren’t completed fully will be returned to you and only considered by the Committee once fully complete. You’re also welcome to attach any additional relevant information with your submission.

All applications are reviewed by the Giving Back Committee at the end of each month. You’ll be alerted of the outcome of your application via email as soon as a decision has been made.

If anything is unclear, please don’t hesitate to get in touch. Please submit your completed form to: [charity@westfieldhealth.com](mailto:charity@westfieldhealth.com)

The defibrillators we supply are iPAD SP1 package which we will order and fund on your behalf. This offer however, is subject to the following conditions being met within 6 months of our offer, as detailed below:

* If being stored outside, a suitable and appropriate cabinet is purchased to store the defibrillator at your cost
* You arrange for the appropriate personnel to undertake defibrillator training – this training can be sourced free of charge, and we can put you in contact with someone to arrange this
* The defibrillator is registered appropriately following installation.

Details required

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| --- |
| Organisation that you are applying on behalf of |
| Organisation name:  Organisation type:  Organisation address, including postcode: |
| Contact details for the main contact at organisation |
| Contact name:  If you are successful, delivery address for the unit (including postcode):  Contact email address:  Contact telephone number: |
| Your request |
| Why should we provide you with a defibrillator? |
| Where is the closest existing defibrillator to you? |
| What impact/outcomes will be achieved should your application be successful? |
| Who/how many people will benefit from this donation? |
| I confirm all of the information provided within this application is correct and I understand the requirements should I be successful.  Signature:  Date: |

Office use only (to be completed by the secretary of the Giving Back Committee):

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| Question | Outcome |
| Have appropriate vetting checks been completed? |  |
| Has this organisation requested donations previously? |  |
| Application decision (as agreed by the Committee) |  |
| Date |  |
| Secretary signature |  |
| Chair signature |  |
| Date |  |