

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

Local Sport Defibrillator Program 2024/25 - Application

* indicates a required field

Instructions for Applicants

It is very important that applicants work through the form in sequence, including the eligibility requirements. Questions asked throughout the application are based on your responses provided in the initial sections of the application.

Before you apply please read the guidelines and related materials to make sure you understand all relevant requirements. You can find the guidelines [here](#).

Application Number

This field is read only.

Program Details

The [Local Sport Defibrillator Grant Program](#) is aimed at providing Automated External Defibrillators (AEDs) and associated equipment to NSW sport and recreation facilities and clubs.

Eligible applicants have a choice of approved AED Service Providers and a variety of approved AED products and services.

The NSW Government has allocated up to \$500,000 in 2024/25 for this Program.

- The grant amount will fund the cost of an approved AED package up to \$3,000.
- There is no mandatory financial contribution. However, where the cost of the selected package exceeds \$3,000 the organisation must fund the additional cost.
- Applicants can request a grant for one AED package and are limited to one application per financial year.

Applications will be assessed in the order they are received. This will continue until the program funding allocation has been exhausted, or the closing date and time occurs.

Grant Program Name

This field is read only.

The program this submission is in.

Key Objectives

The key objectives of the Local Sport Defibrillator Grant Program 2024/25 are:

- To promote wider access to these devices across NSW.
- To support local sport and recreational clubs or related incorporated organisations located in the most disadvantaged areas of NSW in purchasing an AED package.

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Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Use of Information

Information submitted in the application will be shared with the NSW Government. Should your application be successful, the Office of Sport may provide certain information to the media and Members of Parliament for promotional purposes. This information may include applicant name, project name, project description, location of the project, location of the grant recipient and amount funded and total project cost. Information provided in the grant application/milestone and project completion reports may be used to develop case studies including photos. The contact details supplied by the person submitting the application may also be provided to the relevant Members of Parliament.

Service Provider Access to contact details

Names and contact details of successful applicants will also be provided to the AED Service Provider as nominated in the application, to assist in expediting the purchase and supply of the AED package. Successful applicants will have the option of opting to opt out of their details being provided to the nominated service provider. Successful applicants will retain the right to change their choice of AED package and service provider, subject to the approval of the Office of Sport.

I consent for my contact details to be provided to my chosen AED service provider, to assist with expediting the purchase and supply of the selected AED package *

☐ Yes

☐ No

Privacy Notice

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The Office of Sport will collect and store the information you voluntarily provide to enable processing of this grant application. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected (or otherwise with your consent). The Office of Sport is required to comply with the Privacy and Personal Information Protection Act 1998. The Office of Sport collects the minimum personal information to enable it to contact an organisation and to assess the merits of an application. Applicants must ensure that people whose personal details are supplied with applications are aware that the Office of Sport is being supplied with this information and how this information will be used. The Office of Sport may engage external service providers to assist it in assessing applications, evaluating grant programs and/or ensuring probity of programs. Any such service provider is required to comply with privacy laws.

Eligibility Criteria

To be considered eligible under the Program, applicants must demonstrate either:

Evidence that their primary clubhouse/facilities or sporting/recreational activities or the majority of participants are located in a postcode listed in Appendix C of the [program guidelines](#), as ranked by the Australian Bureau of Statistics according to their Socio-Economic Indexes for Areas (SEIFA). Information relating to the SEIFA indexes is available at the [ABS website](#).

This can be demonstrated by:

- The applicant organisation's registered address being located within an eligible postcode,
- Applicants providing clear evidence of their sporting or recreational activities being primarily undertaken at a facility(ies) in an eligible postcode, and/or
- Applicants making a case that a majority of their participants reside in eligible postcodes.

The determination of registered address will be based on the address associated with the applicant organisation's ABN. If the organisation does not have an ABN, the incorporation registered address will be used.

OR

Evidence that they are experiencing financial hardship.

This can be demonstrated by:

- Applicants providing clear evidence that they are unable to meet core club expenses or other existing financial obligations as they fall due.

Eligible Applicants

In addition to the meeting the eligibility criteria, eligible applicants are:

- Incorporated, not-for-profit clubs, associations or organisations in NSW that are sport or recreation related.
- State or national sport or recreation organisations on behalf of member clubs located in NSW.
- Licensed sporting or recreation clubs in NSW, providing that the AED package directly benefits sport and recreation members or participants.

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- Sport clubs associated with a school, church or university in NSW providing they are an incorporated not for profit club in their own right.
- Councils, Service Clubs and other incorporated and not-for-profit owners or managers of facilities that are used for sporting or recreational activities in NSW.

Sport or recreation clubs at a multi-use facility are encouraged to collaborate on planning for medical emergencies, including the sharing of resources and locating defibrillators to maximise community access. For the purposes of these guidelines, recreation should be interpreted as: “any pursuit or activity engaged in for enjoyment, relaxation or leisure”.

All applicant organisations will be required to provide information around the nature of their activities and the population groups they are servicing.

Applicants who have received funding under previous rounds of the Local Sport Defibrillator Program are eligible to apply but will only be funded if the program allocation has not been fully expended by the closing date.

Ineligible Applicants

Ineligible applicants are any organisation types not listed in the ‘Eligible Applicants’ section, and include (but are not limited to):

- Individuals
- Parents and Citizens (P&C’s) Associations
- For profit, commercial organisations
- Government departments and agencies.

An eligible organisation will be deemed not eligible for funding under this program if they are an organisation named: (i) by the [National Redress Scheme for Institutional Child Sexual Abuse](#) on its list of institutions that have not joined or signified their intent not to join the Scheme; or (ii) in the Royal Commission into Institutional Responses to Child Sexual Abuse that has not yet joined the National Redress Scheme.

Eligible AED Packages

The Office of Sport has undertaken a procurement process in order to ensure that the AEDs being purchased with grant funding meets certain minimum standards.

A list of approved AED Service Providers and AEDs can be found within the [supporting documents](#). If successful, applicants must purchase an approved AED package from an approved Service Provider as listed at Appendix A of the [program guidelines](#).

Applicants must rely on their own enquiries as to the suitability of the approved AED Service Provider or package for their needs. Each approved Service Provider has developed their own package. Applicants must make their own enquiries as to any additional inclusions beyond the minimum package requirements.

The provision of an AED package will include:

- An AED
- AED familiarisation instruction
- A minimum of six years of essential defibrillator maintenance. Note that battery warranties may have a shorter duration.

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Ineligible Projects

- Project that is not primarily for use by sport and recreation facilities or organisations.
- Project that does not demonstrate a connection to one of the postcodes listed at **Appendix C** of the [program guidelines](#), except where the applicant has demonstrated they are experiencing financial hardship.
- AEDs not purchased from an approved Service Provider or in the form of an approved package.

Ineligible Project Costs are:

- Ongoing maintenance outside of the scope of the six-year essential defibrillator maintenance schedule
- Any extended warranty specified by an approved Service Provider
- Accredited CPR, First Aid, ongoing or additional face to face AED familiarisation instruction
- Out of warranty repair of equipment
- Replacement costs of consumables including batteries and electrode pads
- Replacement or temporary replacement of the AED if it is damaged or unrecoverable through wear and tear, vandalism, accident, theft or misuse
- General first aid maintenance items or equipment (items requiring cleaning and disinfecting after use)
- Retrospective funding i.e. for AEDs that have already been purchased
- AEDs purchased from a service provider not listed on the approved list at **Appendix B** of the [program guidelines](#). This includes when the AED is an approved AED.

Note

- Applicants should refer to the details set out in the AED Service Providers' package for listed inclusions when making a choice of provider.
- Where accredited CPR, First Aid, or additional face to face AED familiarisation is included by service providers as part of an AED package, this can be funded from the grant. However, the maximum amount to be funded per AED package is \$3,000.

Eligibility Confirmation

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant.
- Applicants will notify the Department if grant funding for this project is secured from another NSW Government source.

Please select your organisation type: *

- ☐ Incorporated, not-for-profit clubs, associations or organisations in NSW that are sport or recreation related
- ☐ State or national sport or recreation organisations on behalf of member clubs located in NSW
- ☐ Licensed sporting or recreation clubs in NSW, providing that the AED package directly benefits sport and recreation members or participants.
- ☐ Sport clubs associated with a school, church or university in NSW, providing they are an incorporated not for profit club in their own right
- ☐ Councils, Service Clubs and other incorporated and not-for-profit owners or managers of facilities that are used for sporting or recreational activities in NSW

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I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

☐ Acknowledged

Contact Details

* indicates a required field

Organisation Details

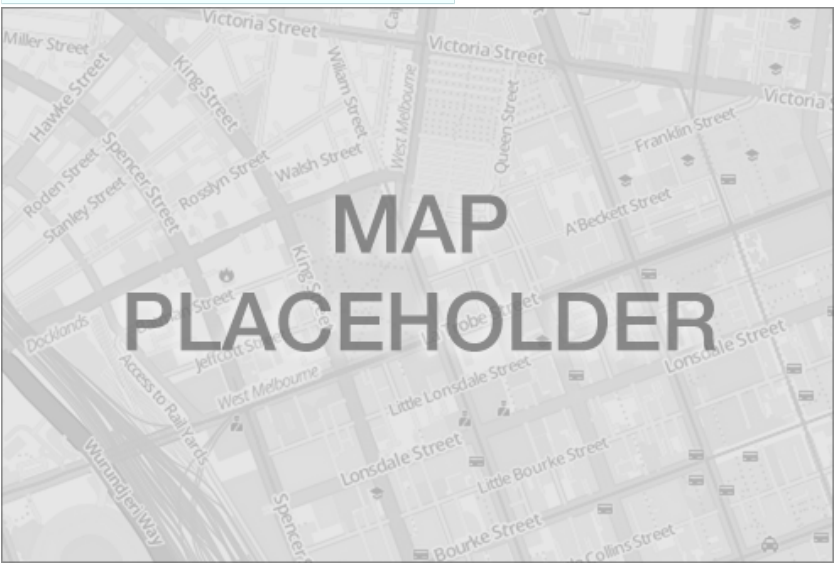
Organisation Name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address



Postal Address

Address

Primary Phone Number *

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Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

Website

Must be a URL.

Please detail the primary activities of the applicant organisation. *

Word count:
Must be no more than 50 words.

Public Liability Insurance

Organisations approved for funding by this program are required to have a minimum Public Liability Insurance cover of \$5 million.

I understand that if the application is successful, the organisation is required to provide a copy of our Public Liability Insurance cover of at least \$5 million *

☐ Agree

Does the applicant organisation have an Australian Business Number (ABN)? *

☐ Yes ☐ No

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Incorporation Details

Select the entity that your organisation is incorporated with: *

- ☐ NSW Fair Trading - Incorporated Association
- ☐ ASIC (Australian Securities and Investments Commission) - Public Company limited by Guarantee
- ☐ ASIC (Australian Securities and Investments Commission) - Registered Australian Body
- ☐ ACNC (Australian Charities and Not-for-profits Commission) - Registered Charity
- ☐ ORIC (Office of the Registrar of Indigenous Corporations) - Indigenous Corporations

Applicant Organisation Incorporation Number: *

Applicants must ensure that the incorporation details and ABN details(if applicable)are for the same organisation and in the name of the applicant organisation.

To check your incorporation number, you can search NSW Fair Trading or ASIC:

- [NSW Incorporated Associations Register](#)
- [ASIC Registers](#)
- [ACNC Register](#)
- [ORIC](#)

Primary Contact Details

This is the person from your organisation that will liaise with the Office of Sport on various administrative aspects of this application and grant if successful. It is your responsibility to update the Office of Sport of any contact details that may change during the delivery of this project. These are the details that will be provided to the AED provider if you opted in for this on page 1

Primary Contact *

Title First Name Last Name

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

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Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Secondary Project Contact

This person must be different to the Primary Contact. We generally will only contact this person if we can't make contact with the Primary Contact.

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

Applicant Project Contact Primary Email *

Must be an email address.

Project Details

* indicates a required field

Title *

Word count:

Must be no more than 25 words.
Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

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Must be no more than 50 words.

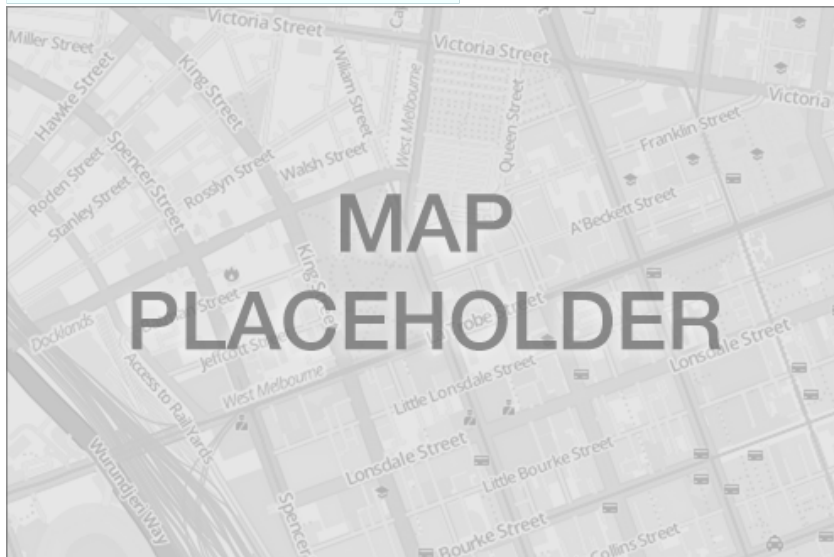
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Start and/or end dates entered are outside of those allowed in the Program Guidelines

The Local Sport Defibrillator Program 2024/25 will not retrospectively fund AED purchases.

All AEDs funded under this round of the program are expected to be purchased and have a medical emergency plan in place within 6 months of purchase, this is expected to be no later than 31 August 2025.

Review the dates entered and consider if your project is eligible for funding under this program.

Eligibility Criteria

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As the applicant, which method are you using to ensure that you are eligible for this grant? *

- ☐ The Organisations address is located within an eligible postcode
- ☐ Primary Clubhouse/facilities or sporting/recreational activity is located within an eligible postcode
- ☐ Majority of the participants reside within the eligible postcodes (as per Appendix C of the guidelines)
- ☐ Organisation is experiencing financial hardship

At least 1 choice must be selected.

Registered Address

To be considered eligible under the Program, applicants must demonstrate that their primary clubhouse/facilities or sporting/recreational activities or the majority of participants are located in a postcode listed in **Appendix C** of the [program guidelines](#), as ranked by the Australian Bureau of Statistics in their Socio-Economic Indexes for Areas (SEIFA).

This can be demonstrated by:

- The applicant organisation's registered address being located within an eligible postcode.

The determination of registered address will be based on the address associated with the applicant organisation's ABN. If the organisation does not have an ABN, the incorporation registered address will be used.

Evidence of Project Location

To be considered eligible under the Program, applicants must demonstrate that their primary clubhouse/facilities or sporting/recreational activities or the majority of participants are located in a postcode listed in **Appendix C** of the [program guidelines](#), as ranked by the Australian Bureau of Statistics in their Socio-Economic Indexes for Areas (SEIFA).

This can be demonstrated by:

- Applicants providing clear evidence of their sporting or recreational activities being primarily undertaken at a facility(ies) in an eligible postcode.

You are required to upload evidence that your sporting or recreational activities are primarily undertaken at a facility(ies) in an eligible postcode. This can be a statutory declaration, or a letter of support from:

- Your State Sporting Organisation
- Your Local Council
- Your Association
- National Sporting Organisation

Confirm the location where your primary activities are held *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

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Demonstrate that your organisations sporting or recreational activities are primarily undertaken at this location. *

Word count:

Must be no more than 250 words.

Upload evidence to support that this is your primary location/clubhouse/facility *

Attach a file:

This could include a Statement of Support from your governing body or a statutory declaration.

Templates are located in the [supporting documents](#)

Evidence of Majority of Participants reside within Eligible Postcodes

To be considered eligible under the Program, applicants must demonstrate that their primary clubhouse/facilities or sporting/recreational activities or the majority of participants are located in a postcode listed in **Appendix C** of the [program guidelines](#), as ranked by the Australian Bureau of Statistics in their Socio-Economic Indexes for Areas (SEIFA).

This can be demonstrated by:

- Applicants making a case that a majority of their participants reside in eligible postcodes.

You can provide a statement of support from your governing body (you must use the Office of Sport template provided within the Supporting Documents), declaring that over 50% of your members reside within the eligible postcodes (as per **Appendix C** of the [program guidelines](#)). If your organisation does not have a governing body, you are able to provide a statutory declaration using the templates provided in the Supporting Documents.

Demonstrate that the majority of your participants reside within eligible postcodes. *

Word count:

Must be no more than 250 words.

Upload evidence to confirm the majority (above 50%) of your organisations membership resides in eligible postcodes as per appendix C of the Local Sport Defibrillator Program 2024/25 Guidelines. *

Attach a file:

This must be using the Statement of Support template or a Statutory declaration. Templates are located in the [supporting documents](#)

Evidence of Financial Hardship

To be considered eligible under the Program, applicants must demonstrate that they are experiencing financial hardship.

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This can be demonstrated by:

- Applicants providing clear evidence that they are unable to meet core club expenses or other existing financial obligations as they fall due.

This could be evidenced by providing a statement by an independent qualified accountant, statutory declaration and profit and loss from your annual report.

Financial hardship is not intended to include where an applicant has significant assets or have not elected to prioritise the project within available resources. All assessments of financial hardship will be considered on a case-by-case basis and will be at the absolute discretion of the Office of Sport.

Demonstrate that your organisation is experiencing financial hardship, including information about if are unable to meet core expenses or other existing financial obligations, as they fall due. *

Word count:
Must be no more than 250 words.

Upload evidence to support that your Organisation is experiencing financial hardship. *

Attach a file:

A template of a Statutory declaration can be found [HERE](#)

Previous Funding

Organisations who have received funding under a previous round of the Local Sport Defibrillator Program will have assessment of their application delayed until after the program has closed and if there is unallocated funding. Where this occurs, applications will be checked for eligibility in the order that they were submitted.

The Office of Sport will review if your Organisation has received funding for an AED/s under a previous round of the Local Sport Defibrillator Program. *

☐ Noted

Applications by a licenced club

Where within your facility will the AED be kept? *

Word count:
Must be no more than 100 words.
Please include proximity of the device to where sport and recreation activities are conducted.

Applications on Behalf of Another Organsation

Organisation applying on behalf of	Type of Sport

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Will there be any other clubs/organisations who will have access to the AED? *

☐ Yes

☐ No

Consider if other sport or recreational activities/organisations will be able to access the AED from its proposed location throughout the entire year.

Add details of the clubs or organisations that will have access to the AED device.

Add more rows using **Add More or '+/-'**

Organisation Name

Type of Sport

Organisation Name	Organisation Name
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AED Selection

* indicates a required field

Applicants should refer to the details set out in the [AED Service Providers' package](#) for listed inclusions when making a choice of provider.

Applicants must rely on their own enquiries as to the suitability of the approved AED Service Provider or package for their needs. Each approved Service Provider has developed their own package. Applicants must make their own enquiries as to any additional inclusions beyond the minimum package requirements.

If successful, you must purchase the package that you select below from the approved provider (using the contact details listed in the [Program Guidelines](#)) so please select carefully.

AED Devices

A list of approved AED Service Providers and AEDs can be found at Appendix A of the program guidelines.

Please select your device *

- ☐ Mindray BeneHeart C1A Semi Auto and Fully Auto
- ☐ Mindray BeneHeart C2 Semi Auto and Fully Auto
- ☐ Defibtech Lifeline VIEW ECG Semi Auto
- ☐ Defibtech Lifeline VIEW Semi Auto
- ☐ Fred PA-1
- ☐ HeartSine 350P
- ☐ HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto
- ☐ HeartSine 500P Semi-Auto
- ☐ LIFEPAK CR2 Semi and Fully Auto Packages
- ☐ Philips FRx
- ☐ Philips HS1
- ☐ St John Ambulance G5
- ☐ Zoll AED Plus Semi-Auto and Fully Auto
- ☐ Zoll AED 3 Semi-Auto and Fully Auto

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Mindray BeneHeart C1A Semi Auto and Fully Auto Suppliers

Please select supplier *

- ☐ Australian Defibrillators Pty Ltd
- ☐ The Royal Life Saving Society Australia - NSW Branch

The Royal Life Saving Society - NSW Branch Packages

Please select your package *

- ☐ Mindray BeneHeart C1A AED - \$1,995
- ☐ Mindray BeneHeart C1A AED with wall bracket or soft carry bag - \$2,145
- ☐ Mindray BeneHeart C1A AED with wall mount alarmed cabinet - \$2,445

Australian Defibrillators Pty Ltd Packages

Please select your package *

- ☐ Mindray BeneHeart C1A AED - \$1,795
- ☐ Mindray BeneHeart C1A AED + Wall bracket OR Soft Carry Bag - \$1,945
- ☐ Mindray BeneHeart C1A AED + Outdoor Open Access Alarmed Cabinet - \$2,245

Mindray BeneHeart C2 Semi Auto and Fully Auto Suppliers

Please select supplier *

- ☐ Australian Defibrillators Pty Ltd
- ☐ The Royal Life Saving Society Australia - NSW Branch

Australian Defibrillators Pty Ltd Packages

Please select your package *

- ☐ Mindray BeneHeart C2 AED - \$2,250
- ☐ Mindray BeneHeart C2 AED + Wall bracket OR Soft Carry Bag - \$2,400
- ☐ Mindray BeneHeart C2 AED + Outdoor Open Access Alarmed Cabinet - \$2,700

The Royal Life Saving Society - NSW Branch Packages

Please select your package *

- ☐ Mindray BeneHeart C2 AED - \$2,450
- ☐ Mindray BeneHeart C2 AED with wall bracket or soft carry bag - \$2,600
- ☐ Mindray BeneHeart C2 AED with wall mount alarmed cabinet - \$2,900

Defibtech Lifeline VIEW Semi Auto Suppliers

Please select supplier *

- ☐ Australian Red Cross Society
- ☐ Response for Life

Australian Red Cross Society Packages

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Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ Defibtech Lifeline View Semi Auto - Basic Package - \$2,835
- ☐ Defibtech Lifeline View Semi Auto - Recommended Package - \$4,000
- ☐ Defibtech Lifeline View Semi Auto - Value Added Package - \$3,115
- ☐ Defibtech Lifeline View Semi Auto - Regional/Remote Package - \$2,670 - only available for Far West Electorate of Barwon

Response for Life Packages

Please select your package *

- ☐ Defibtech Lifeline View Defib Package (Semi or Fully Auto) - \$3,000
- ☐ Defibtech Lifeline View Defib Package (Semi or Fully Auto) + Bracket - \$3,200
- ☐ Defibtech Lifeline View Defib Package (Semi or Fully Auto) + Cabinet (alarmed/tamper seal) - \$3,400
- ☐ Defibtech Lifeline View Defib Package (Semi or Fully Auto) + Outdoor Cabinet (alarmed) - \$3,500

Defibtech Lifeline VIEW ECG Semi Auto Suppliers

Please select supplier *

- ☐ Australian Red Cross Society

Australian Red Cross Society Packages

Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ Defibtech lifeline VIEW ECG Semi Auto - Basic Package - \$3,575
- ☐ Defibtech lifeline VIEW ECG Semi Auto - Recommended Package - \$4,740
- ☐ Defibtech lifeline VIEW ECG Semi Auto - Value Added Package - \$3,860
- ☐ Defibtech Lifeline VIEW ECG Semi Auto - Regional/Remote Package - \$3,410 - only available for Far West Electorate of Barwon

Zoll AED Plus Semi-Auto and Fully Auto Suppliers

Please select supplier *

- ☐ Defibrillators Australia
- ☐ AED Authority
- ☐ Australian Red Cross Society
- ☐ Heart of the Nation
- ☐ Integrity Health & Safety Pty Ltd
- ☐ Response for Life
- ☐ Taleb Medical
- ☐ The Defib Shop

Defibrillators Australia packages

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Please select your package *

- ☐ ZOLL AED PLUS with signage, choice of cabinet, wall hook, backpack or wall mount - \$2,499

Australian Red Cross Society Packages

Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ Zoll AED Plus Semi-Auto and Fully Auto - Basic Package - \$2,555
- ☐ Zoll AED Plus Semi-Auto and Fully Auto - Value Added Package - \$2,840
- ☐ Zoll AED Plus Semi-Auto and Fully Auto - Regional/Remote Package - \$2,245 - only available for Far West Electorate of Barwon
- ☐ Zoll AED Plus Semi-Auto and Fully Auto - Recommended Package - \$3,805

Heart of the Nation (formerly Michael Hughes Foundation) Packages

Please select your package *

- ☐ Zoll AED Plus Package - \$2,932.80
- ☐ Zoll AED Plus Communities Package - \$3,628

AED Authority Packages

Please select your package *

- ☐ Zoll AED Plus Wall Bracket Package - Fully or Semi-Auto - \$2,495
- ☐ Zoll AED Plus Indoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$2,595
- ☐ Zoll AED Plus Outdoor Alarmed Cabinet Package (Fully or Semi-Automatic) - 2,675
- ☐ Zoll AED Plus Hard-Shell Carry Case Package (Fully or Semi-Automatic) - \$2,595
- ☐ Zoll AED Plus Outdoor Keypad Cabinet Package (Fully or Semi-Automatic) - \$2,895

Integrity Health & Safety Pty Ltd Packages

Please select your package *

- ☐ Zoll AED Plus Semi- Auto or Fully Auto - Bracket Package - \$2,375
- ☐ Zoll AED Plus Semi- Auto or Fully Auto - Indoor Cabinet Package - \$2,345
- ☐ Zoll AED Plus Semi- Auto or Fully Auto - Outdoor Cabinet Package - \$2,375
- ☐ Zoll AED Plus Semi- Auto or Fully Auto - Waterproof Package - \$2,345

Response for Life Packages

Please select your package *

- ☐ Zoll AED PLUS Defib Package (Semi or Fully Auto) - \$2,600
- ☐ Zoll AED PLUS Defib Package (Semi or Fully Auto) + Bracket - \$2,700
- ☐ Zoll AED PLUS Defib Package (Semi or Fully Auto) + Cabinet (alarmed/tamper seal) - \$2,900
- ☐ Zoll AED PLUS Defib Package (Semi or Fully Auto) + Outdoor Cabinet (alarmed) - \$3,000

Taleb Medical Packages

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Please select your package *

- ☐ Zoll AED Plus Package- Fully Automatic or Semi Automatic Defibrillator - \$2,550

The Defib Shop Packages

Please select your package *

- ☐ Zoll AED Plus - Package 1 - \$2,649
- ☐ Zoll AED Plus - Package 2 - \$2,649
- ☐ Zoll AED Plus - Package 3 - \$2,750

Zoll AED 3 Semi-Auto and Fully Auto Suppliers

Please select supplier *

- ☐ Australian Red Cross Society
- ☐ Heart of the Nation (formerly Michael Hughes Foundation)
- ☐ AED Authority
- ☐ Response for Life
- ☐ St John Ambulance
- ☐ The Defib Shop
- ☐ Defibrillators Australia

Defibrillators Australia Packages

Please select your package *

- ☐ ZOLL AED 3 with signage, choice of cabinet, wall hook, backpack or wall mount - \$3,299

Australian Red Cross Society Packages

Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ Zoll AED 3 Semi-Auto and Fully Auto - Basic Package - \$3,555
- ☐ Zoll AED 3 Semi-Auto and Fully Auto - Recommended Package - \$4,520
- ☐ Zoll AED 3 Semi-Auto and Fully Auto - Value Added Package - \$3,635
- ☐ Zoll AED 3 Semi-Auto and Fully Auto - Regional/Remote Package - \$3,190

Heart of the Nation (formerly Michael Hughes Foundation) Packages

Please select your package *

- ☐ ZOLL AED 3 Defibrillator Package - \$3,662.80
- ☐ ZOLL AED 3 Defibrillator Communities Package - \$4,358

AED Authority Packages

Please select your package *

- ☐ Zoll AED 3 Wall Bracket Package (Fully or Semi-Automatic) - \$3,245
- ☐ Zoll AED 3 Indoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$3,345
- ☐ Zoll AED 3 Outdoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$3,425
- ☐ Zoll AED 3 Hard-Shell Carry Case Package (Fully or Semi-Automatic) - \$3,345

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- ☐ Zoll AED 3 Outdoor Keypad Cabinet Package (Fully or Semi-Automatic) - \$3,645

Response for Life Package Select

Please select your package *

- ☐ Zoll AED 3 Defib Package - \$3,000
- ☐ Zoll AED 3 Defib Package + Bracket - \$3,200
- ☐ Zoll AED 3 Defib Package + Cabinet (alarmed/tamper seal) - \$3,400
- ☐ Zoll AED 3 Defib Package + Outdoor Cabinet (alarmed) - \$3,500

St John Ambulance Packages

Please select your package *

- ☐ Zoll AED 3 Fully Auto - \$2,995

The Defib Shop Packages

Please select your package *

- ☐ Package 4 - ZOLL AED 3 - \$2,995
- ☐ Package 5 - ZOLL AED 3 - \$2,995
- ☐ Package 6 - ZOLL AED 3 - \$2,995

HeartSine 350P Suppliers

Please select your supplier *

- ☐ Australian Red Cross Society
- ☐ Complete Office Supplies Pty Ltd
- ☐ First Aid Accident & Emergency
- ☐ Integrity Health & Safety Pty Ltd
- ☐ Response for Life
- ☐ St John Ambulance
- ☐ Vital Resus Australia Pty Ltd
- ☐ Wollongong First Aid

Australian Red Cross Society Packages

Please select your package *

- ☐ HeartSine Samaritan PAD 350P Semi-Auto and Fully Auto - Basic Package - \$2,230
- ☐ HeartSine Samaritan PAD 350P Semi-Auto and Fully Auto - Recommended Package - \$3,480
- ☐ HeartSine Samaritan PAD 350P Semi-Auto and Fully Auto - Regional/Remote Package - \$2,050
- ☐ HeartSine Samaritan PAD 350P Semi-Auto and Fully Auto - Value Added Package - \$2,470

Complete Office Supplies Pty Ltd Packages

Please select your package *

- ☐ HeartSine Samaritan 350P Semi-Auto - Package 1 - \$1,700

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First Aid Accident & Emergency Packages

Please select your package *

- ☐ HeartSine 350P Indoor Alarmed Wall Cabinet Bundle - \$1,999
- ☐ HeartSine 350P Mobile Bundle - \$1,999
- ☐ HeartSine 350P Outdoor Alarmed Wall Cabinet - \$2,299

St John Ambulance Packages

Please select your package *

- ☐ HeartSine 350P Semi-Auto - \$2,195

Vital Resus Australia Pty Ltd Packages

Please select your package *

- ☐ HeartSine 350P Defib, cw Standard Cabinet - Package 5 - \$1,808.75
- ☐ HeartSine 350P Defib, cw Alarmed Cabinet - Package 6 - \$1,938.50
- ☐ HeartSine 350P Defib, cw Outdoor Alarmed Cabinet - Package 7 - \$2,142.50
- ☐ HeartSine 350P Defib, cw Pelican Case - Package 8 - \$1,867.50

Wollongong First Aid Packages

Please select your package *

- ☐ HeartSine 350P Semi-automatic Defibrillator with ABS Cabinet - \$2,360
- ☐ HeartSine 350P Semi-automatic Defibrillator with ABS Cabinet Small - \$2,330
- ☐ HeartSine 350P Semi-automatic Defibrillator with Alarmed Cabinet - \$2,273
- ☐ HeartSine 350P Semi-automatic Defibrillator with Coded Cabinet - \$2,450
- ☐ HeartSine 350P Semi-automatic Defibrillator with Extreme Kit - \$2,620
- ☐ HeartSine 350P Semi-automatic Defibrillator with Standard Cabinet - \$2,183
- ☐ HeartSine 350P Semi-automatic Defibrillator with Tough Case - \$2,195
- ☐ HeartSine 350P Semi-automatic Defibrillator with Wall Bracket - \$2,079

HeartSine 500P Semi-Auto Suppliers

Please select supplier *

- ☐ Australian Red Cross Society
- ☐ Complete Office Supplies Pty Ltd
- ☐ Integrity Health & Safety Pty Ltd
- ☐ Wollongong First Aid
- ☐ Heart of the Nation (formerly Michael Hughes Foundation)
- ☐ Vital Resus Australia Pty Ltd
- ☐ AED Authority
- ☐ Response for Life
- ☐ The Defib Shop
- ☐ First Aid Accident & Emergency
- ☐ Defibrillators Australia
- ☐ St John Ambulance

First Aid Accident & Emergency Package Select

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Please select your package *

- ☐ HeartSine 500P with CPR Advisor Indoor Alarmed Wall Cabinet Bundle - \$2,499
- ☐ HeartSine 500P with CPR Advisor Outdoor Alarmed Wall Cabinet - \$2,799
- ☐ HeartSine 500P with CPR Advisor Mobile Bundle - \$2,499
- ☐ HeartSine 500P with CPR Advisor Outdoor Lockable Alarmed Wall Cabinet Bundle - \$2,899

Defibrillators Australia Package Select

Please select your package *

- ☐ HeartSine 500P Package - with signage choice of cabinet, wall hook, backpack or wall mount (includes ICG Technology and CPR Coaching) - \$2,590

Australian Red Cross Society Packages

Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ HeartSine 500P Semi-Auto - Basic Package - \$2,735
- ☐ HeartSine 500P Semi-Auto - Recommended Package - \$3,985
- ☐ HeartSine 500P Semi-Auto - Value Added Package - \$3,050
- ☐ HeartSine 500P Semi-Auto - Regional/Remote Package - \$2,560 - only available for Far West Electorate of Barwon

Complete Office Supplies Pty Ltd Packages

Please select your package *

- ☐ HeartSine Samaritan 500P Semi-Auto - Package 3 - \$2,100

Integrity Health & Safety Pty Ltd Packages

Please select your package *

- ☐ HeartSine Samaritan 500P with CPR Advisor Semi-Auto - Outdoor Cabinet Package - \$2,175
- ☐ HeartSine Samaritan 500P with CPR Advisor Semi-Auto - Indoor Cabinet Package - \$1,995
- ☐ HeartSine Samaritan 500P with CPR Advisor Semi-Auto - Waterproof Package - \$2,075
- ☐ HeartSine Samaritan 500P with CPR Advisor Semi-Auto - Bracket Package - \$1,965

Wollongong First Aid Packages

Please select your package *

- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Wall Bracket - \$2,439
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Standard Cabinet - \$2,543
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Alarmed Cabinet - \$2,633
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Coded Cabinet - \$2,810

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- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with ABS Cabinet - \$2,720
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with ABS Cabinet Small - \$2,690
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Tough Case - \$2,555
- ☐ HeartSine 500P Semi-automatic Defibrillator with CPR Advisor Function with Extreme Kit - \$2,980

Heart of the Nation (formerly Michael Hughes Foundation) Packages

Please select your package *

- ☐ HeartSine 500P Defibrillator Package - \$2,341.50
- ☐ HeartSine 500P Communities Package - \$3,128

Vital Resus Australia Pty Ltd Packages

Please select your package *

- ☐ HeartSine 500P Defib, cw Standard Cabinet - Package 1 - \$2,285
- ☐ HeartSine 500P Defib, cw Alarmed Cabinet - Package 2 - \$2,414.75
- ☐ HeartSine 500P Defib, cw Outdoor Alarmed Cabinet - Package 3 - \$2,614.75
- ☐ HeartSine 500P Defib, cw Pelican Case - Package 4 - \$2,343.75

AED Authority Packages

Please select your package *

- ☐ HeartSine 500P Wall Bracket Package (Semi-Automatic) - \$2,045
- ☐ HeartSine 500P Indoor Alarmed Cabinet Package (Semi-Automatic) - \$2,145
- ☐ HeartSine 500P Outdoor Alarmed Cabinet Package (Semi-Automatic) \$2,225
- ☐ HeartSine 500P Hard-Shell Carry Case Package (Semi-Automatic) - \$2,145
- ☐ HeartSine 500P Outdoor Keypad Cabinet Package (Semi-Automatic) - \$2,445

Response for Life Packages

Please select your package *

- ☐ HeartSine SAM 500P Defib Package - \$2,600
- ☐ HeartSine SAM 500P Defib Package + Bracket - \$2,700
- ☐ HeartSine SAM 500P Defib Package + Cabinet (alarmed/tamper seal) - \$2,900
- ☐ HeartSine SAM 500P Defib Package + Outdoor Cabinet (alarmed) - \$3,000

The Defib Shop Packages

Please select your package *

- ☐ Package 7 - HeartSine Samaritan 500P - \$2,995
- ☐ Package 8 - HeartSine Samaritan 500P - \$3,095
- ☐ Package 9 - HeartSine Samaritan 500P - \$3,095
- ☐ Package 10 - HeartSine Samaritan 500P - \$3,195

St John Ambulance Packages

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Please select your package *

- ☐ HeartSine 500p Semi-Auto - \$2,799.30

HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto Suppliers

Please select supplier *

- ☐ AED Authority
- ☐ Australian Red Cross Society
- ☐ Complete Office Supplies Pty Ltd
- ☐ Defibrillators Australia
- ☐ First Aid Accident & Emergency
- ☐ Integrity Health & Safety Pty Ltd
- ☐ Response for Life
- ☐ St John Ambulance
- ☐ The Defib Shop
- ☐ Vital Resus Australia Pty Ltd
- ☐ Wollongong First Aid

Defibrillators Australia Packages

Please select your package *

- ☐ HeartSine 360P with signage, choice of cabinet, wall hook, backpack or wall mount - \$2,290

Australian Red Cross Society Packages

Note: Regional/Remote is only available to applicants located in [Far West NSW \(Barwon Electorate\)](#).

Please select your package *

- ☐ HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto - Basic Package - \$2,230
- ☐ HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto - Recommended Package - \$3,480
- ☐ HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto - Value Added Package - \$2,470
- ☐ HeartSine Samaritan PAD 360P Semi-Auto and Fully Auto - Regional/Remote Package - \$2,050 - only available for Far West Electorate of Barwon

Complete Office Supplies Pty Ltd Packages

Please select your package *

- ☐ HeartSine Samaritan 360P Fully Auto - Package 2 - \$1,700

First Aid Accident & Emergency Packages

Please select your package *

- ☐ HeartSine 360P - Indoor Alarmed Wall Cabinet Bundle - \$2,049
- ☐ HeartSine 360P Outdoor Alarmed Wall Cabinet - \$2,349
- ☐ HeartSine 360P Mobile Bundle - \$2,049

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Integrity Health & Safety Pty Ltd Packages

Please select your package *

- ☐ HeartSine Samaritan 360P Semi-Auto or 350P Fully Auto - Outdoor Cabinet Package - \$1,775
- ☐ HeartSine Samaritan 360P Semi-Auto or 350P Fully Auto - Indoor Cabinet Package - \$1,595
- ☐ HeartSine Samaritan 360P Semi-Auto or 350P Fully Auto - Waterproof Package - \$1,675
- ☐ HeartSine Samaritan 360P Semi-Auto or 350P Fully Auto - Bracket Package - \$1,550

Wollongong First Aid Packages

Please select your package *

- ☐ HeartSine 360P Automated Defibrillator with Wall Bracket - \$2,079
- ☐ HeartSine 360P Automated Defibrillator with Standard Cabinet - \$2,183
- ☐ HeartSine 360P Automated Defibrillator with Alarmed Cabinet - \$2,273
- ☐ HeartSine 360P Automated Defibrillator with Coded Cabinet - \$2,450
- ☐ HeartSine 360P Automated Defibrillator with ABS Cabinet - \$2,360
- ☐ HeartSine 360P Automated Defibrillator with ABS Cabinet Small - \$2,330
- ☐ HeartSine 360P Automated Defibrillator with Tough Case - \$2,195
- ☐ HeartSine 360P Automated Defibrillator with Extreme Kit - \$2,620

Vital Resus Australia Pty Ltd Packages

Please select your package *

- ☐ HeartSine 360P Defib, cw Standard Cabinet - Package 9 - \$1,808.75
- ☐ HeartSine 360P Defib, cw Alarmed Cabinet - Package 10- \$1,938.50
- ☐ HeartSine 360P Defib, cw Outdoor Alarmed Cabinet - Package 11 - \$2,142.50
- ☐ HeartSine 360P Defib, cw Pelican Case - Package 12 - \$1,867.50

AED Authority Packages

Please select your package *

- ☐ HeartSine 360P Wall Bracket Package (Fully Automatic) - \$1,645
- ☐ HeartSine 360P Indoor Alarmed Cabinet Package (Fully Automatic) - \$1,745
- ☐ HeartSine 360P Outdoor Alarmed Cabinet Package (Fully Automatic) - \$1,825
- ☐ HeartSine 360P Hard-Shell Carry Case Package (Fully Automatic) - \$1,745
- ☐ HeartSine 360P Outdoor Keypad Cabinet Package (Fully Automatic) - \$2,045

Response for Life Packages

Please select your package *

- ☐ HeartSine SAM 350P/360P Defib Package \$2,200
- ☐ HeartSine SAM 350P/360P Defib Package + Bracket - \$2,300
- ☐ HeartSine SAM 350P/360P Defib Package + Cabinet (alarmed/tamper seal) - \$2,400
- ☐ HeartSine SAM 350P/360P Defib Package + Outdoor Cabinet (alarmed) - \$2,500

St John Ambulance Packages

Please select your package *

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- ☐ HeartSine 360p Fully Auto - \$2,459

The Defib Shop Packages

Please select your package *

- ☐ HeartSine Samaritan 360P - Package 11 - \$2,345
- ☐ HeartSine Samaritan 360P - Package 12 - \$2,395
- ☐ HeartSine Samaritan 360P - Package 13 - \$2,445
- ☐ HeartSine Samaritan 360P - Package 14 - \$2,395

LIFEPAK CR2 Semi and Fully Auto Packages Suppliers

Please select supplier *

- ☐ AED Authority
- ☐ Complete Office Supplies Pty Ltd
- ☐ Defibrillators Australia
- ☐ First Aid Accident & Emergency
- ☐ Integrity Health & Safety Pty Ltd
- ☐ Response for Life
- ☐ St John Ambulance
- ☐ Wollongong First Aid
- ☐ Heart of the Nation

Defibrillators Australia Packages

Please select your package *

- ☐ LifePak CR2 Essential with signage and outdoor keypad cabinet - \$2,999
- ☐ LifePak CR2 Essential Indoor cabinet bundle (with Adult and Child mode) - \$2,799

Complete Office Supplies Pty Ltd Packages

Please select your package *

- ☐ LifePak CR2 Fully Auto - Package 4 - \$2,704
- ☐ LifePak CR2 Essential Fully Auto - Package 5 - \$2,534
- ☐ LifePak CR2 Essential Semi-Auto - Package 6 - \$2,604
- ☐ LifePak CR2 Semi-Auto - Package 7 - \$2,904

First Aid Accident Emergency Packages

Please select your package *

- ☐ LifePak CR2 Essential Semi or Auto with Adult & Child mode Indoor Alarmed Wall Cabinet Bundle - \$2,799
- ☐ LifePak CR2 Essential Semi or Auto with Adult & Child mode Outdoor Alarmed Wall Cabinet Bundle - \$2,999
- ☐ LifePak CR2 Essential Semi or Auto with Adult & Child mode Mobile Bundle - \$2,799
- ☐ LifePak CR2 Essential Semi or Auto with Adult & Child mode Lockable Outdoor Alarmed Wall Cabinet Bundle - \$3,049

Integrity Health & Safety Pty Ltd Packages

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Please select your package *

- ☐ LIFEPAKCR2 Essential (No WiFi) Semi-Auto or Fully Auto - Outdoor Cabinet Package - \$2,330
- ☐ LIFEPAKCR2 Essential (No WiFi) Semi-Auto or Fully Auto - Indoor Cabinet Package - \$2,273
- ☐ LIFEPAKCR2 Essential (No WiFi) Semi-Auto or Fully Auto - Waterproof Package - \$2,273
- ☐ LIFEPAKCR2 Essential (No WiFi) Semi-Auto or Fully Auto - Bracket Package - \$2,195

Wollongong First Aid Packages

Please select your package *

- ☐ LifePak CR2 Essential Semi- Automatic with Wall Bracket - \$2,819
- ☐ LifePak CR2 Essential Semi-Automatic with Standard Cabinet - \$2,923
- ☐ LifePak CR2 Essential Semi-Automatic with Alarmed Cabinet - \$3,013
- ☐ LifePak CR2 Essential Semi-Automatic with Coded Cabinet - \$3,190
- ☐ LifePak CR2 Essential Semi-Automatic with ABS Cabinet - \$3,100
- ☐ LifePak CR2 Essential Semi-Automatic with ABS Cabinet Small - \$3,070
- ☐ LifePak CR2 Essential Semi-Automatic with Tough Case - \$2,935
- ☐ LifePak CR2 Essential Semi-Automatic with Extreme Kit - \$3,360
- ☐ LifePak CR2 Essential Automatic with Wall Bracket - \$2,819
- ☐ LifePak CR2 Essential Automatic with Standard Cabinet - \$2,923
- ☐ LifePak CR2 Essential Automatic with Alarmed Cabinet - \$3,013
- ☐ LifePak CR2 Essential Automatic with Coded Cabinet - \$3,190
- ☐ LifePak CR2 Essential Automatic with ABS Cabinet - \$3,100
- ☐ LifePak CR2 Essential Automatic with ABS Cabinet Small - \$3,070
- ☐ LifePak CR2 Essential Automatic with Tough Case - \$2,935
- ☐ LifePak CR2 Essential Automatic with Extreme Kit - \$3,360

AED Authority Packages

Please select your package *

- ☐ Lifepak CR2 Essential Wall Bracket Package (Fully or Semi-Automatic) - \$2,495
- ☐ Lifepak CR2 Essential Indoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$2,595
- ☐ Lifepak CR2 Essential Outdoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$2,675
- ☐ Lifepak CR2 Essential Hard-Shell Carry Case Package (Fully or Semi-Automatic) - \$2,595
- ☐ Lifepak CR2 Essential Outdoor Keypad Cabinet Package (Fully or Semi-Automatic) - \$2,895
- ☐ Lifepak CR2 Wi-Fi Wall Bracket Package (Fully or Semi-Automatic) - \$2,895
- ☐ Lifepak CR2 Wi-Fi Indoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$2,995
- ☐ Lifepak CR2 Wi-Fi Outdoor Alarmed Cabinet Package (Fully or Semi-Automatic) - \$3,075
- ☐ Lifepak CR2 Wi-Fi Hard-Shell Carry Case Package (Fully or Semi-Automatic) - \$2,995
- ☐ Lifepak CR2 Wi-Fi Outdoor Keypad Cabinet Package (Fully or Semi-Automatic) - \$3,295

Response For Life Packages

Please select your package *

- ☐ LifePak CR2 Essential Defib Package - \$2,600
- ☐ LifePak CR2 Essential Defib Package + Bracket - \$2,700
- ☐ LifePak CR2 Essential Defib Package + Cabinet (alarmed/tamper seal) - \$2,900
- ☐ LifePak CR2 Essential Defib Package + Outdoor Cabinet (alarmed) - \$3,000

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St John Ambulance Packages

Please select your package *

- ☐ LifePak CR2 Fully-Auto - \$2,595
- ☐ LifePak CR2 Fully-Auto with WiFi - \$3,534

Heart of the Nation Package Select

Please select your package *

- ☐ Lifepak CR2 Essential (Non Wifi) - \$2,921.50
- ☐ Lifepak CR2 Essential Communities Package - \$3,708

Philips FRx Suppliers

Please select supplier *

- ☐ The Royal Life Saving Society Australia - NSW Branch
- ☐ St John Ambulance
- ☐ AED Authority
- ☐ Heart of the Nation

AED Authority

Please select your package *

- ☐ Philips FRx Wall Bracket Package (Semi-Automatic) - \$2,495
- ☐ Philips FRx Indoor Alarmed Cabinet Package (Semi-Automatic) - \$2,595
- ☐ Philips FRx Outdoor Alarmed Cabinet Package (Semi-Automatic) - \$2,675
- ☐ Philips FRx Hard-Shell Carry Case Package (Semi-Automatic) - \$2,595
- ☐ Philips FRx Outdoor Keypad Cabinet Package (Semi-Automatic) - \$2,895

The Royal Life Saving Society - NSW Branch

Please select your package *

- ☐ Philips FRx AED semi automatic - \$2,200
- ☐ Philips FRx AED semi automatic with wall bracket - \$2,260
- ☐ Philips FRx AED semi automatic with wall mount alarmed cabinet - \$2,500

St John Ambulance

Please select your package *

- ☐ Philips Heartstart FRx - \$2,800

Heart of the Nation

Please select your package *

- ☐ Philips FRX Package - \$2,741.50
- ☐ Philips FRX Communities Package - \$3,528

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Fred PA-1 Suppliers

Please select supplier *

- ☐ Cardiac Defibrillators Pty Ltd

Cardiac Defibrillators Pty Ltd

Please select your package *

- ☐ FRED PA - 1 Bundle - \$1,595
- ☐ FRED PA - 1 Full Equipment Bundle - \$1,850

St John Ambulance G5 Suppliers

Please select supplier *

- ☐ St John Ambulance

St John Ambulance

Please select your package *

- ☐ St John G5 Fully-Auto AED with ICPR feedback - \$2,450
- ☐ St John G5 Semi-Auto AED with ICPR feedback - \$2,450
- ☐ St John G5 Fully-Auto AED - \$2,300
- ☐ St John G5 Semi-Auto AED - \$2,300

Philips HS1 Suppliers

Philips HS1 Suppliers *

- ☐ AED Authority

Philips HS1 Package Select

Phillips HS1 Packages *

- ☐ Philips HS1 Wall Bracket Package (Semi-Automatic) - \$2,095
- ☐ Philips HS1 Indoor Alarmed Cabinet Package (Semi-Automatic) - \$2,195
- ☐ Philips HS1 Outdoor Alarmed Cabinet Package (Semi-Automatic) \$2,275
- ☐ Philips HS1 Hard-Shell Carry Case Package (Semi-Automatic) - \$2,195
- ☐ Philips HS1 Outdoor Keypad Cabinet Package (Semi-Automatic) \$2,495

Selected AED Package Price

Please enter the total price of your selected AED package *

Must be a dollar amount.

Total Amount Requested

*

What is the total financial support you are requesting under this grant?

Local Sport Defibrillator Program 2024/25 - Application Form

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Where the package price of the selected AED exceeds \$3,000, your organisation is required to fund any additional costs.

The minimum cash contribution required from applicant organisation *

\$
This number/amount is calculated.

Applicant agrees to fund this amount *

☐ Agree

Total Grant Amount Requested is outside the allowable limit

You have entered an amount greater than the allowable limits of \$3,000, as per the Program Guidelines.

Please amend the Total Amount Requested or your application may be deemed ineligible for funding.

Totals and Budget Balancing

Total Cost of AED package

\$
This number/amount is calculated.

Total Grant Amount Requested

\$
This number/amount is calculated.

Total Cash Contributions (if required)

\$
This number/amount is calculated.
If AED package price is less than \$3,000 this number will be zero (\$0).

Budget balancing - should be zero (\$0)

\$
This number/amount is calculated.
This is a calculation of the AED package price minus the Total Amount Requested and any required cash contributions.

Total Grant Amount Requested exceeds AED package price

You have requested a grant amount greater than the AED package price.

Please review and amend the Total Amount Requested and/or the AED package price.

AED package price exceeds Total Grant Amount Requested

You have entered an AED package price greater than the Total Amount Requested plus cash contributions.

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Please review and amend the Total Amount Requested and/or the AED package price.

Project Data

* indicates a required field

The following information is being collected for statistical purposes but may also be considered as part of your application. Please be as accurate as possible.

Which gender group will the project primarily benefit? *

- ☐ Female
- ☐ Male
- ☐ Self-Described
- ☐ All Genders

Which identified age group will the project primarily benefit? *

- ☐ Preschool
- ☐ School Aged Children (5-12 years)
- ☐ Young People (12-24 years)
- ☐ Adult
- ☐ Seniors (60+ years)
- ☐ All Age Groups

What is the primary community (if any) that your project demonstrates benefit to? *

- ☐ Disadvantaged communities (low SEIFA)
- ☐ People from culturally and linguistically diverse (CALD) backgrounds
- ☐ First Nations/Aboriginal people
- ☐ People with a disability
- ☐ Regional and remote
- ☐ Women and girls
- ☐ LGBTQIA+
- ☐ All of the above
- ☐ None of the above

Does your project demonstrate benefit to any other communities? *

- ☐ Disadvantaged communities (low SEIFA)
- ☐ People from culturally and linguistically diverse (CALD) backgrounds
- ☐ First Nations/Aboriginal people
- ☐ People with a disability
- ☐ Regional and remote
- ☐ Women and girls
- ☐ LGBTQIA+
- ☐ All of the above
- ☐ None of the above

Which of the following represents your highest competition training level? *

- ☐ Neighbourhood
- ☐ Local
- ☐ Regional

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- ☐ State
- ☐ National/International
- ☐ High Performance
- ☐ Centres of Excellence

Primary Project Beneficiaries

Please select your primary sport beneficiary: *

- | | |
|--|--|
| <input type="radio"/> Adventure Camping | <input type="radio"/> Lawn Bowls (Blind / Vision Impaired Sport) |
| <input type="radio"/> Aeromodelling | <input type="radio"/> Little Athletics |
| <input type="radio"/> Archery / Archery Field | <input type="radio"/> Masters swimming |
| <input type="radio"/> Athletics | <input type="radio"/> Mixed Martial Arts |
| <input type="radio"/> Australian Football League | <input type="radio"/> Modern Pentathlon |
| <input type="radio"/> Badminton | <input type="radio"/> Motorcycling |
| <input type="radio"/> Balloon Soccer (Powerchair Sport) | <input type="radio"/> Motorsport |
| <input type="radio"/> Ballooning | <input type="radio"/> Mountain Biking |
| <input type="radio"/> Ballroom Dancing | <input type="radio"/> Netball |
| <input type="radio"/> Baseball | <input type="radio"/> Netball (Deaf Sport) |
| <input type="radio"/> Basketball | <input type="radio"/> Non-Sport - Recreational Dancing |
| <input type="radio"/> Basketball (Deaf Sport) | <input type="radio"/> NSW Institute of Sport |
| <input type="radio"/> Basketball (Wheelchair Sport) | <input type="radio"/> Orienteering |
| <input type="radio"/> Biathlon | <input type="radio"/> Outrigger |
| <input type="radio"/> Billiards | <input type="radio"/> Oztag Football |
| <input type="radio"/> Blind Cricket (Blind / Vision Impaired Sport) | <input type="radio"/> Paddle Sports |
| <input type="radio"/> Blindsport NSW | <input type="radio"/> Para - cycling |
| <input type="radio"/> BMX - Freestyle / Racing | <input type="radio"/> Parachute |
| <input type="radio"/> Bobsleigh | <input type="radio"/> Paragliding |
| <input type="radio"/> Bocce | <input type="radio"/> PCYC |
| <input type="radio"/> Boccia | <input type="radio"/> Pistol |
| <input type="radio"/> Bowls | <input type="radio"/> Polo |
| <input type="radio"/> Boxing | <input type="radio"/> Polocrosse |
| <input type="radio"/> Calisthenics | <input type="radio"/> Pony Club |
| <input type="radio"/> Campdraft | <input type="radio"/> Powerlifting |
| <input type="radio"/> Canoeing | <input type="radio"/> Racquetball |
| <input type="radio"/> Carriage Riding | <input type="radio"/> Racquetball (Deaf Sport) |
| <input type="radio"/> Cerebral Palsy Sport and Recreation Association of NSW | <input type="radio"/> Regional Academies of Sport |
| <input type="radio"/> Cheerleading | <input type="radio"/> Riding for the disabled |
| <input type="radio"/> Clay Target Shooting | <input type="radio"/> Rifle |
| <input type="radio"/> Climbing / Rock Climbing | <input type="radio"/> Road Racing |
| <input type="radio"/> Council | <input type="radio"/> Rodeo |
| <input type="radio"/> Cricket | <input type="radio"/> Roller Blading |
| <input type="radio"/> Cricket (Deaf Sport) | <input type="radio"/> Roller Derby |
| <input type="radio"/> Croquet | <input type="radio"/> Roller Skating |
| <input type="radio"/> Curling | <input type="radio"/> Rowing |
| <input type="radio"/> Cycling Track | <input type="radio"/> Royal Life Saving |
| <input type="radio"/> Dancesports | <input type="radio"/> Rugby (Powerchair Sport) |
| <input type="radio"/> Darts | <input type="radio"/> Rugby League |
| <input type="radio"/> Deafsports Australia | <input type="radio"/> Rugby League (Wheelchair Sports) |
| <input type="radio"/> Disabled Winter Sports | <input type="radio"/> Rugby Union |
| <input type="radio"/> Diving | <input type="radio"/> Sailing |
| <input type="radio"/> Dodgeball | <input type="radio"/> Sailing (disability) |
| <input type="radio"/> Dragon Boating | <input type="radio"/> Show Jumping |
| <input type="radio"/> Education/Schools | <input type="radio"/> Skateboarding |

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

- ☐ Eight Ball
- ☐ Endurance Riders
- ☐ Equestrian
- ☐ Fencing
- ☐ Floorball
- ☐ Flying Disc / Ultimate Frisbee
- ☐ Football
- ☐ Football / Futsal (Blind / Vision Impaired Sport)
- ☐ Football / Futsal
- ☐ Football / Futsal (Deaf Sport)
- ☐ Football (Powerchair Sport)
- ☐ Gaelic Football
- ☐ Gliding
- ☐ Goal Ball (Blind / Vision Impaired Sport)
- ☐ Golf
- ☐ Golf (Amputee)
- ☐ Golf (Blind / Vision Impaired Sport)
- ☐ Gridiron
- ☐ Gymnastics
- ☐ Handball
- ☐ Hang Gliding
- ☐ Hockey
- ☐ Hockey (Powerchair Sport)
- ☐ Hockey (Wheelchair Sports)
- ☐ Ice Hockey
- ☐ Ice Racing
- ☐ Ice Skating
- ☐ Ice Speed Skating
- ☐ Indoor Bowls
- ☐ Judo
- ☐ Judo (Deaf Sport)
- ☐ Jujitsu
- ☐ Karate
- ☐ Karting
- ☐ Kayaking
- ☐ Kendo (Laido/Jodo)
- ☐ Kickboxing
- ☐ Korfbal
- ☐ Kung Fu
- ☐ Lacrosse
- ☐ Lawn Bowls
- ☐ Skeleton
- ☐ Skiing
- ☐ Snooker
- ☐ Snooker (Deaf Sport)
- ☐ Snowboarding
- ☐ Social and Community Groups
- ☐ Softball
- ☐ Speedway
- ☐ Squash
- ☐ Surf Life Saving
- ☐ Surfing
- ☐ Swimming
- ☐ Synchronised Swimming
- ☐ Table Tennis
- ☐ Table Tennis (Deaf Sport)
- ☐ Taekwondo
- ☐ Tai Chi
- ☐ Tennis
- ☐ Tennis (Blind / Vision Impaired Sport)
- ☐ Tennis (Wheelchair Sports)
- ☐ Tenpin Bowling
- ☐ Touch Football
- ☐ Track and Road Cycling (Wheelchair Sports)
- ☐ Trail walking/running/riding
- ☐ Transplant Sports
- ☐ Triathlon
- ☐ Underwater Sports
- ☐ University Sports
- ☐ Volleyball
- ☐ Wakeboarding
- ☐ Water Aerobics
- ☐ Water Polo
- ☐ Water Skiing
- ☐ Weightlifting
- ☐ Wheelchair Dancing
- ☐ Wheelchair Sport NSW
- ☐ Wrestling
- ☐ Yachting
- ☐ YMCA/ YWCA
- ☐ Other:

Does the project have any other beneficiaries? *

- ☐ Yes
- ☐ No

Secondary Project Beneficiaries

Please select all that apply: *

- ☐ Adventure Camping
- ☐ Aeromodelling
- ☐ Lawn Bowls (Blind / Vision Impaired Sport)
- ☐ Little Athletics

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

- | | |
|---|---|
| <input type="checkbox"/> Archery / Archery Field | <input type="checkbox"/> Masters swimming |
| <input type="checkbox"/> Athletics | <input type="checkbox"/> Mixed Martial Arts |
| <input type="checkbox"/> Australian Football League | <input type="checkbox"/> Modern Pentathlon |
| <input type="checkbox"/> Badminton | <input type="checkbox"/> Motorcycling |
| <input type="checkbox"/> Balloon Soccer (Powerchair Sport) | <input type="checkbox"/> Motorsport |
| <input type="checkbox"/> Ballooning | <input type="checkbox"/> Mountain Biking |
| <input type="checkbox"/> Ballroom Dancing | <input type="checkbox"/> Netball |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Netball (Deaf Sport) |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Non-Sport – Recreational Dancing |
| <input type="checkbox"/> Basketball (Deaf Sport) | <input type="checkbox"/> NSW Institute of Sport |
| <input type="checkbox"/> Basketball (Wheelchair Sport) | <input type="checkbox"/> Orienteering |
| <input type="checkbox"/> Biathlon | <input type="checkbox"/> Outrigger |
| <input type="checkbox"/> Billiards | <input type="checkbox"/> Oztag Football |
| <input type="checkbox"/> Blind Cricket (Blind / Vision Impaired Sport) | <input type="checkbox"/> Paddle Sports |
| <input type="checkbox"/> Blindsport NSW | <input type="checkbox"/> Para - cycling |
| <input type="checkbox"/> BMX – Freestyle / Racing | <input type="checkbox"/> Parachute |
| <input type="checkbox"/> Bobsleigh | <input type="checkbox"/> Paragliding |
| <input type="checkbox"/> Bocce | <input type="checkbox"/> PCYC |
| <input type="checkbox"/> Boccia | <input type="checkbox"/> Pistol |
| <input type="checkbox"/> Bowls | <input type="checkbox"/> Polo |
| <input type="checkbox"/> Boxing | <input type="checkbox"/> Polocrosse |
| <input type="checkbox"/> Calisthenics | <input type="checkbox"/> Pony Club |
| <input type="checkbox"/> Campdraft | <input type="checkbox"/> Powerlifting |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Racquetball |
| <input type="checkbox"/> Carriage Riding | <input type="checkbox"/> Racquetball (Deaf Sport) |
| <input type="checkbox"/> Cerebral Palsy Sport and Recreation Association of NSW | <input type="checkbox"/> Regional Academies of Sport |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Riding for the disabled |
| <input type="checkbox"/> Clay Target Shooting | <input type="checkbox"/> Rifle |
| <input type="checkbox"/> Climbing / Rock Climbing | <input type="checkbox"/> Road Racing |
| <input type="checkbox"/> Council | <input type="checkbox"/> Rodeo |
| <input type="checkbox"/> Cricket | <input type="checkbox"/> Roller Blading |
| <input type="checkbox"/> Cricket (Deaf Sport) | <input type="checkbox"/> Roller Derby |
| <input type="checkbox"/> Croquet | <input type="checkbox"/> Roller Skating |
| <input type="checkbox"/> Curling | <input type="checkbox"/> Rowing |
| <input type="checkbox"/> Cycling Track | <input type="checkbox"/> Royal Life Saving |
| <input type="checkbox"/> Dancesports | <input type="checkbox"/> Rugby (Powerchair Sport) |
| <input type="checkbox"/> Darts | <input type="checkbox"/> Rugby League |
| <input type="checkbox"/> Deafsports Australia | <input type="checkbox"/> Rugby League (Wheelchair Sports) |
| <input type="checkbox"/> Disabled Winter Sports | <input type="checkbox"/> Rugby Union |
| <input type="checkbox"/> Diving | <input type="checkbox"/> Sailing |
| <input type="checkbox"/> Dodgeball | <input type="checkbox"/> Sailing (disability) |
| <input type="checkbox"/> Dragon Boating | <input type="checkbox"/> Show Jumping |
| <input type="checkbox"/> Education/Schools | <input type="checkbox"/> Skateboarding |
| <input type="checkbox"/> Eight Ball | <input type="checkbox"/> Skeleton |
| <input type="checkbox"/> Endurance Riders | <input type="checkbox"/> Skiing |
| <input type="checkbox"/> Equestrian | <input type="checkbox"/> Snooker |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Snooker (Deaf Sport) |
| <input type="checkbox"/> Floorball | <input type="checkbox"/> Snowboarding |
| <input type="checkbox"/> Flying Disc / Ultimate Frisbee | <input type="checkbox"/> Social and Community Groups |
| <input type="checkbox"/> Football | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Football / Futsal (Blind / Vision Impaired Sport) | <input type="checkbox"/> Speedway |
| <input type="checkbox"/> Football / Futsal | <input type="checkbox"/> Squash |

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

- | | |
|--|---|
| <input type="checkbox"/> Football / Futsal (Deaf Sport) | <input type="checkbox"/> Surf Life Saving |
| <input type="checkbox"/> Football (Powerchair Sport) | <input type="checkbox"/> Surfing |
| <input type="checkbox"/> Gaelic Football | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Gliding | <input type="checkbox"/> Synchronised Swimming |
| <input type="checkbox"/> Goal Ball (Blind / Vision Impaired Sport) | <input type="checkbox"/> Table Tennis |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Table Tennis (Deaf Sport) |
| <input type="checkbox"/> Golf (Amputee) | <input type="checkbox"/> Taekwondo |
| <input type="checkbox"/> Golf (Blind / Vision Impaired Sport) | <input type="checkbox"/> Tai Chi |
| <input type="checkbox"/> Gridiron | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis (Blind / Vision Impaired Sport) |
| <input type="checkbox"/> Handball | <input type="checkbox"/> Tennis (Wheelchair Sports) |
| <input type="checkbox"/> Hang Gliding | <input type="checkbox"/> Tenpin Bowling |
| <input type="checkbox"/> Hockey | <input type="checkbox"/> Touch Football |
| <input type="checkbox"/> Hockey (Powerchair Sport) | <input type="checkbox"/> Track and Road Cycling (Wheelchair Sports) |
| <input type="checkbox"/> Hockey (Wheelchair Sports) | <input type="checkbox"/> Trail walking/running/riding |
| <input type="checkbox"/> Ice Hockey | <input type="checkbox"/> Transplant Sports |
| <input type="checkbox"/> Ice Racing | <input type="checkbox"/> Triathlon |
| <input type="checkbox"/> Ice Skating | <input type="checkbox"/> Underwater Sports |
| <input type="checkbox"/> Ice Speed Skating | <input type="checkbox"/> University Sports |
| <input type="checkbox"/> Indoor Bowls | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Judo | <input type="checkbox"/> Wakeboarding |
| <input type="checkbox"/> Judo (Deaf Sport) | <input type="checkbox"/> Water Aerobics |
| <input type="checkbox"/> Jujitsu | <input type="checkbox"/> Water Polo |
| <input type="checkbox"/> Karate | <input type="checkbox"/> Water Skiing |
| <input type="checkbox"/> Karting | <input type="checkbox"/> Weightlifting |
| <input type="checkbox"/> Kayaking | <input type="checkbox"/> Wheelchair Dancing |
| <input type="checkbox"/> Kendo (Laido/Jodo) | <input type="checkbox"/> Wheelchair Sport NSW |
| <input type="checkbox"/> Kickboxing | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Korfball | <input type="checkbox"/> Yachting |
| <input type="checkbox"/> Kung Fu | <input type="checkbox"/> YMCA/ YWCA |
| <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Lawn Bowls | |

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

By submitting this application form I hereby declare that:

- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title First Name Last Name

--	--	--

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

--

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

--

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Email *

--

Must be an email address.

Declaration by person submitting this form

The declaration below must be agreed to by a person who is submitting this form on behalf of the organisation.

I declare that: *

- ☐ I am duly authorised by the organisation to prepare and submit this application.
- ☐ This organisation is eligible to apply for funding in accordance with the eligibility criteria in the Funding Guidelines.
- ☐ The responses in this application and all supporting documents provided are to the best of my knowledge true and correct.

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

- ☐ I understand that the Office of Sport may disclose the information provided in this application to other Government agencies, Local Government, reviewers and staff assisting with the administration or promotion of State Government Grant Schemes and/or in the event of a request pursuant to the Government Information (Public Access) Act 2009.
- ☐ I understand that information in relation to this project will be made public in the event that the application for funding is successful and in other circumstances as outlined in the Program Guidelines.
- ☐ Where required, our project will comply with all the relevant codes, standards and applicable legislation of the Australian and NSW Governments.
- ☐ I acknowledge that in preparing this application I am not aware of any known conflicts of interest as outlined in the Program Guidelines, and will keep the Office of Sport updated if any conflict of interest arise during the term of the funding agreement.
- ☐ I understand that if the project is successful, the organisation is required to have a minimum Public Liability Insurance cover of \$5 million for the duration of the project.
- ☐ The applicant organisation is not named by the National Redress Scheme for Institutional Child Sexual Abuse on its list of Institutions that have not joined or signified their intent to join the Scheme.

At least 9 choices must be selected.

Person submitting this form *

Title First Name Last Name

--	--	--

Position *

--

Phone Number *

--

Must be an Australian phone number.

Email *

--

Must be an email address.

Child Safe Reporting Obligations

The Office of Sport is required to collect the following information as part of our child safe reporting obligations. Answering these questions will not have any impact on the eligibility/merit of your application.

Is your organisation aware of the NSW Child Safe Scheme? *

☐ Yes ☐ No ☐ Unsure ☐ Not Applicable

Is your organisation working to embed the 10 Child Safe Standards in its systems, policies and processes? *

☐ Yes ☐ No

Opt-in to future communications

Local Sport Defibrillator Program 2024/25 - Application Form

Form Preview

Would you like to receive information in future from the Office of Sport by electronic direct mail (EDM) about future or repeat programs or other resources available from the Office of Sport that may be of interest to your organisation? *

☐ Yes

☐ No

Email Address for information by EDM from the Office of Sport

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

How did you find the online application process? *

☐ Very Easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very Difficult

How many minutes in total did it take you to complete this application? *

Must be a number.

Estimate in minutes i.e. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.