



**WELSH HEARTS**  
**CALONNAU CYMRU**  
THE HEART CHARITY FOR WALES  
ELUSENY GALON DROS CYMRU

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# DEFIBRILLATOR APPLICATION FORM

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Return to: Welsh Hearts, 9 Ipswich Road, Cardiff, CF23 9AQ

# SECTION 1

NAME OF ORGANISATION \_\_\_\_\_

\_\_\_\_\_

CONTACT NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

EMAIL \_\_\_\_\_

ORGANISATION ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY

\_\_\_\_\_

POSTCODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

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## SECTION 2

DELIVERY ADDRESS \_\_\_\_\_

\_\_\_\_\_

CITY

\_\_\_\_\_

POSTCODE \_\_\_\_\_

COUNTRY \_\_\_\_\_

## SECTION 3

IF THE DEFIBRILLATOR IS TO BE KEPT OUTDOORS (24 HOUR PUBLIC ACCESS) PLEASE CIRCLE THE TYPE OF CABINET REQUIRED

CODED (LOCKED)

UNCODED (UNLOCKED)

IF THE DEFIBRILLATOR IS TO BE KEPT INDOORS, PLEASE CIRCLE THE TYPE OF CABINET REQUIRED

KEY LOCKED

UNLOCKED

WALL BRACKET

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## SECTION 4

PLEASE SPECIFY THE NUMBER OF DEFIBRILLATORS REQUIRED

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WOULD YOU BE PREPARED TO HAVE SOME MODEST PUBLICITY INVOLVING YOUR ORGANISATION AND WELSH HEARTS UPON RECEIPT OF YOUR DEFIBRILLATOR? (PLEASE CIRCLE)

YES

NO

WOULD YOU BE PREPARED TO HELP WELSH HEARTS BY SUPPORTING FUNDRAISING EVENTS WHERE POSSIBLE? (PLEASE CIRCLE)

YES

NO

WHY HAVE YOU CHOSEN WELSH HEARTS TO SUPPLY YOU WITH YOUR DEFIBRILLATOR AND TRAINING - HOW DID YOU HEAR ABOUT US?

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PRINT NAME OF PERSON MAKING THE APPLICATION

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SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE CONTACT [FUNDRAISING@WELSHHEARTS.ORG](mailto:FUNDRAISING@WELSHHEARTS.ORG) FOR MORE INFORMATION ON FUNDING.

PLEASE SEND THIS COMPLETED FORM TO

WELSH HEARTS  
9 IPSWICH ROAD  
CARDIFF  
CF23 9AQ

