



West End Defib Subsidy Scheme Guidelines

The West End Defib Subsidy Scheme (WEDSS) provides cost effective defibrillators for community football clubs in South Australia with an aim to reduce the number of fatalities resulting from Sudden Cardiac Arrest. More than 30,000 Australians suffer from sudden cardiac arrest every year of which only 5% survive. Immediate access to a defibrillator can lead to a 70% survival rate if applied quickly.

Grant Objective:

The objectives of the WEDSS are:

- To provide cost effective defibrillators to sporting clubs
- To provide cost effective defibrillator training to club volunteers
- Reduce the loss of lives through cardiac arrest

What can Clubs apply for?

The WEDSS provides:

- One off \$1,000 subsidy for the purchase of a club defibrillator

Cost Comparison Table

Comparisons	Value	Inclusions	Final cost after subsidy
Defibshop Package A	\$2,175.00	1 x 3D wall signage 1 x wall sticker 1 x A3 CPR chart 1 x PAD360P Defibrillator	\$1,175.00
Defibshop Package B	\$2,400.00	1 x 3D wall signage 1 x wall sticker 1 x A3 CPR chart 1 x ZOLL AED fully automatic Defibrillator	\$1,400.00

2017 Grant Round:

1st November 2016 - 31st of October 2017

What Clubs are eligible?

1. SANFL Affiliated Community Clubs
2. Applicants must sell Lion/West End products within their club
3. Clubs that operate in multi-use facilities will be prioritised

Criteria for Applications

1. All grants are paid on a reimbursement basis only
2. Successful applicants will be invited to invoice the SANFL Community Football for the grant allocated
3. Defibrillator must be purchased through Defibshop
4. Compliance with all acquittal requirements:
 - Sign acknowledging contribution from SANFL Community Football and West End Community Fund to be displayed on a wall in social club for 3 years (Sign to be provided by SANFL Community Football)
 - Complete the AFL Quality Club Health Check <http://www.qlbs.com.au/AFLHealthCheck/Assessment/AFLHealthCheck>



West End Defib Subsidy Scheme Application Form

It is a requirement that to liaise with the SANFL Community Football prior to submitting an application. This will allow you to discuss your application to determine if your club qualifies for assistance.

Applicant's Details:

Organisation Name:

Postal Address:

Suburb:

State:

Post Code:

Preferred Contact Person:

All applications will be directed to this person

Name:

Position:

Email:

Phone Number:

Funding:

Total Defibrillator Costs \$:	
Contribution from Applicant (\$):	
Contribution from Other Organisations (\$):	
West End Defib Subsidy Scheme (\$):	\$1,000

Eligibility Criteria: each question is to be completed

- | | | |
|---|-----|----------------|
| Is the Club compliant with all terms of SANFL Affiliation? | Yes | No |
| Does the club sell West End Products? | Yes | No |
| Has your club achieved AFL Community Club Improvement Program Status? | Yes | No In Progress |
| Does your club operate in a multi-use Facility? | Yes | No |
| Was the defibrillator purchased from Defibshop? | Yes | No |



Applicants Certification

I certify that I have the authority, as vested by the Board/Committee/CEO, to submit this application by electronic transmission.

The information supplied is to the best of my knowledge, true and correct.

Name:

Position Held:

Signature:

Date: