



Sunbury



EXPRESSION OF INTEREST

IN RECEIVING A DEFIBRILLATOR UNIT SUPPLIED BY SUNBURY CONNECTED COMMUNITIES

PLEASE EMAIL THE COMPLETED FORM TO

admin@sunburyconnectedcommunities.com.au

ORGANISATION:.....

CONTACT PERSON:.....

POSITION:..... **PHONE:**.....

EMAIL:.....

ORGANISATION WEB ADDRESS:

ORGANISATION SOCIAL MEDIA ACCOUNTS (IF APPLICABLE)

FACEBOOK:

INSTAGRAM:

OTHER:

WOULD A NEW DEFIBRILLATOR BE A REPLACEMENT FOR AN EXISTING UNIT, AN ADDITIONAL UNIT OR THE ONLY UNIT FOR THE ORGANISATION?

REPLACEMENT

ADDITIONAL

ONLY UNIT

BY COMPLETING THIS FORM YOU ACKNOWLEDGE THAT YOU ARE AUTHORISED TO ACT ON BEHALF OF THE ORGANISATION YOU ARE REPRESENTING. COMPLETING THIS FORM IS NOT A GUARANTEE THAT SUNBURY CONNECTED COMMUNITIES WILL PROVIDE A DEFIBRILLATOR TO THE NOMINATED ORGANISATION. IF A DEFIBRILLATOR IS SUPPLIED ALL TRAINING, ONGOING MAINTENANCE, SERVICING AND SUPPLY OF CONSUMABLE PRODUCTS IS THE RESPONSIBILITY OF THE RECEIVING ORGANISATION.

DEFIBRILLATORS BEING OFFERED ARE A SINGLE USE PORTABLE DEVICE.