



## Area Board Projects and Councillor Led Initiatives Application Form 2012/2013

**To be completed by the Wiltshire Councillor leading on the project**

Please ensure that you have read the Funding Criteria before completing this form  
PLEASE COMPLETE ALL SECTIONS TO ENSURE THAT YOUR APPLICATION CAN BE  
CONSIDERED

1. Contact Details	
<b>Area Board Name</b>	Trowbridge Area Board
<b>Your Name</b>	
<b>Contact number</b>	<b>e-mail</b>
2. The project	
<b>Project Title/Name</b>	Defibrillator
<b>Please tell us about the project /activity you want to organise/deliver and why?</b>  <i>Important: This section is limited to 600 characters only (inclusive of spaces).</i>	<p>You only have minutes to save lives. A community defibrillator meets the needs of all users and the local ambulance service and is life saving.</p> <p>Defibrillators are a 'must have' for all public places with a high footfall. It would be accessible to the wider area - the town centre.</p> <p>Defibrillators are vital in any cardiac arrests. Over 80% of cardiac arrests that occur outside of hospitals are fatal.</p> <p>The Community Public accesses defibrillators - Automated External Defibrillator would be owned and maintained by the local community. They are designed to be used by anyone</p>
<b>Where is this project taking place?</b>	Trowbridge . The Park - The Civic Centre
<b>When will the project take place?</b>	March 2013 (when training and funding are in place)
<b>What evidence is there that this project/activity needs to take place/be funded by the area board?</b>	There is strong evidence that the immediacy of action in a cardiac arrest - in the minutes before the Ambulance service arrives saves lives. In Trowbridge there were 16 fatal heart attacks (2008-9)

<b>How will the local community benefit?</b>	The whole community/the surrounding parishes and visitors to Trowbridge will benefit by facility - the saving of lives		
<b>Does this project link to a current Community Issue?</b> (if so, please give reference number as well as a brief description)	Yes - no defibrillator available		
<b>Does this project link to the Community Plan or local priorities?</b> (if so, please provide details)	Local ambulance Service Red Cross '		
<b>What is the desired outcome/s of this project?</b> To provide a community based defibrillator placed outside the Civic Centre with access for the community to use to save lives			
<b>Who will be responsible for managing this project?</b> The Town Clerk with the advice and support of Richard Schofield ( Community Heartbeat) and local ambulance service			
<b>3. Funding</b>			
<b>What will be the total cost of the project?</b>	£ 2100		
<b>How much funding are you applying for?</b>	£ 2100		
<b>If you are expecting to receive any other funding for your project, please give details</b>	<b>Source of Funding</b>	<b>Amount Applied For</b>	<b>Amount Received</b>
	x	xx	x
	x	x	x
	x	x	x
<b>Please give the name of the organisation and bank account name (but not the number) your grant will be paid in to.</b> (N.B. We cannot pay money into an individual's bank account)			
<b>4. Declaration – I confirm that...</b>			
<input checked="" type="checkbox"/> <b>The information on this form is correct and that any grant received will be spent on the activities specified</b>			
<input checked="" type="checkbox"/> <b>Any form of licence, insurance or other approval for this project will be in place before the start of the project outlined in this application</b>			
<b>Name:</b>  <b>Position in organisation:</b> Wiltshire Councillor			<b>Date:</b> 04/12/2012
<b>Please return your completed application to the appropriate Area Board Locality Team (<a href="#">see section 3</a>)</b>			