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**Australian Government**

**Department of Health, Disability and Ageing**

**NATIONAL SHED DEVELOPMENT PROGRAMME**

**Administered by the Australian Men’s Shed Association**

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| **Application Form - Defibrillators**  **Applicants are advised to read the NSDP Programme Guidelines prior to completing this Application Form**  **1. The NSDP is open to all Men’s Sheds whether a member or not a member of AMSA**  **2. A detailed description of all eligible items/services is available within Round 30Guidelines**  **3. Non AMSA members will need to evidence that they are an established Men’s Shed**  **4. Applicants are required to answer all sections of the form**  **Sheds that can meet the eligibility requirement cansubmit an application at any time before Friday, 12 September 2025.** |

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| ***Part A: Applicant Details*** | | |
| *Please note that contact details (name and telephone number) provided on this application form may be provided to your Federal Member of Parliament. Please contact the AMSA should you not wish this to happen.* | | |
| **Applicant Organisational Name** |  | |
| **If an auspice body, thisapplication is on behalf of the following Men’s Shed** |  | |
| **Organisational Head:** |  | |
| **Position Held** |  | |
| **Daytime Phone No** | ( ) | |
| **Mobile** |  | |
| **Email** |  | |
| **Applicant ABN/INC NO** |  | |
| **GST Registered** | | **Yes No** |
| **To check both your ABN and GST registration:** <https://abr.business.gov.au/> | | |

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| ***Applicant Insurance Details*** | |
| **Is your Men’s Shed insured with the AMSA Group Policy?** | **Yes No** |
| **If No, does your Men’s Shed have an existing policy with an APRA approved insurance provider?** | **Yes No** |
| ***Please attach a copy of the Certificate of Currency*** |  |

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| ***Part B: Men’s Shed Details*** | | | |
| **Men’s Shed Name:**  (if different to organisational name in Part A) |  | | |
| **Physical Address of Men’s Shed** | **Street (and number):**  **Suburb:**  **State/Territory: Postcode:** | | |
| **Is your Men’s Shed Registered with the AMSA?**  *If No (a Non-Member), please provide evidence to allow your Shed’s status to be confirmed, for example Shed constitution, program of events, or other evidence of activities.* | | | **Yes No** |
| **If Yes, please provide your AMSA Membership Number AMSA** | |  | |
| ***Men’s Shed Contact Person Details*** | | | |
| **Name** |  | | |
| **Position** |  | | |
| **Phone** | ( ) | | |
| **Mobile** |  | | |
| **Email** |  | | |
| **Is this Application for an existing, or developing Men’s Shed (less than 2 years old?)?** | **Developing Existing** | | |
| **Do you own the premises from which the Men’s Shed operates?** | **Yes No** | | |
| **If no, written permission from the owner/s to install the defibrillator must be attached to your application** | | | |

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| ***Part C: Eligibility and Budgets*** | |
| ***Please complete all applicable sections*** | |
| **Category 5 - Defibrillators [up to $2,250]** | |
| 1. **Eligibility –Defibrillators** | |
| **Have you previously been funded through the NSDP or the Australian Government’s Defibrillator program for the purchase of a defibrillator?** | **Yes No** |
| **If Yes, what date did you receive funding?** | / / |
| **Do you currently have a working defibrillator on your premises?** | **Yes No** |
| **If Yes, what date was the defibrillator acquired?** | / / |
|  | |
| 1. **Budget – Defibrillators** | |
| **Item/Service Description** | **Cost $** |
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| **Total Amount requested**  *Please note: the total of all Defibrillator requests must not exceed $2,250.* | **$** |

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| ***Part D: Authorisations and Declaration*** |

***This section must be signed by personnel/officer with delegation of authority such as an elected Committee member.***

**Declaration:**

* **I have read and understand the Round 30Programme Guidelines.**
* **I declare that, to the best of my knowledge, all the information provided within this application is true and correct.**
* **I have attached all essential attachments.**
* **I will notify AMSA of any changes of information or circumstances that may affect this application.**
* **I understand this is an application and may not necessarily result in funding.**

**Signature on behalf of applicant:**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_ /\_\_\_ /\_\_\_\_\_**

**Signature of Witness:**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_ /\_\_\_ /\_\_\_\_\_**

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| ***Part E: APPLICATION and DOCUMENT CHECKLIST***  ***Important:* Please ensure ALL essential documentation is attached as applicationswith missing essential documentation willbe eliminated.** | | |
| **Please tick boxif attached** | | |
| **Auspiced/sponsored Men’s Sheds** | **Memorandum of Understanding or Agreement between the Men’s Shed and the applicant organisation** | **☐** |
| **Quotes** | **All items requested must be supported with one written quote.**  **Costings from online traders will be acceptable as quotes where theyclearly detail what is being offered and where the online trader displays a current ABN number.** | **☐** |
| **Consent for installation** | **If applicable, information on the ownership of the premises with written consent from the relevant owner for the installation of a defibrillator** | **☐** |
| **Application Form** | **If submitting application electronically - One (1) signed and scanned copy of completed application form with attachments included, as a single PDF document only.** | **☐** |
| **If submitting application by mail –One(1) signed copy ofcompleted application form and attachments.** | **☐** |
| **Non AMSA members** | **If a Non-Member, please provide evidence to allow your Shed’s status to be confirmed, for example Shed constitution, program of events, or other evidence of activities** | **☐** |

*If you require any additional help or support with the application process please email* [*amsa@mensshed.net*](mailto:amsa@mensshed.net) *or phone 1300 550 009 or contact your Regional Coordinator.*

**Lodging your Application**

1. **Email**: The signed Application and all attachments may be emailed to [amsa@mensshed.net](mailto:amsa@mensshed.net)  
   *[NOTE: Please email your signed Application Form and attachments as one single PDF document (including quotes, images etc.) only and not individual jpeg/word or PDFfiles. Please refer to the AMSA Step by Step Guide-if you are unable to email as one complete document, please post by regular mail.]*

**OR**

1. **Post:** ONE COPY of the completed and signed Application and attachments – please do not package the application documents into a bound folder or staple.

Applications must be posted to:

**Australian Men’s Shed Association**

**Re: Australian Government National Shed Development Programme - Defibrillators**

**PO Box 793**

**The Junction NSW 2291**