

Request to obtain data

Use this form to request data from the Automated External Defibrillator (AED) Deployment Registry (AEDDR). Note that any data released by the AEDDR shall be de-identified.

Lodgement details

Firm/organisation

Registration number of AED (if applicable)

1. Your details

Contact name

Position description

Telephone number (during business hours)

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Email address

Postal address

Suburb/City

State/Territory

Postcode

2. Details of project

Title of project

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Sources of funding

Key team members (please attach a curriculum vitae for each individual listed below)

Please give details of your project. (You may wish to attach further documentation.)

What are the key project objectives?

3. Requested data

Requested data specifications and requirements

Signature

I certify that the information in this form is true and correct

Name

Signature

Date

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[D D] [M M] [Y Y]

Lodgement

Send completed and signed forms to:

AED Deployment Registry
GPO Box 53 Canberra ACT
2601 Australia
or
By email to:
incidents@aeddr.com

For more information

Web: www.aeddr.com
Need help? www.aeddr.com/question
Telephone: 1300 USE-AED or 873-233