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 **Oxygen Unit Safety Promotion Grant Application** (Dive Club)

1. How long has the Club existed? \_\_\_\_\_\_\_ years
2. How many members do you have? \_\_\_\_\_\_
3. How long would it likely take emergency services to reach your usual dive locations? \_\_\_\_\_\_\_ minutes/hours
4. Do you already have oxygen equipment? Yes / No
If so, please describe the equipment available ­­­­­­­­­­­­
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5. Do your dive supervisors have oxygen first aid qualifications? Yes / No

*Please provide a copy of their current oxygen first aid certification*

1. What Oxygen Unit would you purchase if you received a grant?
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**I confirm that the information provided above is correct**.

Name of Dive Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Authorised Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position of Authorised Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorised Officer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Grants awarded to applicant at the sole discretion of the ADSF. You will be notified if your application was successful. Successful applications will need to produce evidence of purchase prior to the grant being paid.