



The Sandpiper Trust

In memory of Sandy Dickson who died aged 14 years

APPLICATION FORM for DEFIBRILLATOR

Please complete this form and return to the address at the bottom of the form.
All information on the form must be completed before applications can be submitted for consideration.

Title
(Dr/Mr/Mrs/Miss etc) _____

Full Name _____

Practice Address
(incl postcode) _____

Telephone No: _____ Mobile No: _____

E-mail: _____

GP Principal? Yes / No If No, current position: _____

BASICS Scotland Courses Attended:

Date	Type of Course	Location of Course:
_____	_____	_____
_____	_____	_____
_____	_____	_____

If BASICS Scotland Course has not been undertaken, please give details of any other advanced life support training qualifications:

Signature: _____

Date: _____

Scottish Charity
SC031165

Patron
Gavin Hastings OBE

Trustees
Penny Dickson
Alistair Dickson
Claire Maitland
Robin Maitland
Sue Jardine Paterson

Medical Advisors
Dr Colville Laird MB, ChB
DRCOG, DipIMC RSC(Ed)
Dr Ewen McLeod MB, ChB
DRCOG, DFFP, DIMC RCS(Ed)

Bank
Adam & Company
22 Charlotte Square
Edinburgh
EH2 4DF
A/c: 83:91:37 – 21830801

Accountant
Douglas Home & Co
47-49 The Square
Kelso
Roxboroughshire
TD5 7JW

Solicitor
Anderson Strathern WS
48 Castle Street
Edinburgh
EH2 3LX



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I currently have a Sandpiper Bag	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am a registered BASICS Scotland Responder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I currently have a VLS unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not VLS unit, are you currently awaiting a VLS unit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Additional Supporting Information:

**Please send completed forms to: The Sandpiper Trust, c/o BASICS Scotland, Sandpiper House,
Aberuthven Enterprise Park, Main Road, Aberuthven, Perthshire PH3 1EL**