



Funded by the Australian Government

Aged Care Volunteer Visitors Scheme (ACVVS) Request a volunteer visitor form

Confidential



To be completed by an Aged Care Provider,
ACVVS auspice coordinator, recipient, or their representative

CARE RECIPIENT							
Please indicate relevant aged care service	Living in Residential Aged Care		Yes <input type="checkbox"/> No <input type="checkbox"/>		Approved & waitlisted for Home Care Package	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Receiving a Home Care Package		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Who has given consent to refer the recipient and provide this information? (Recipient, Next of Kin or Power of Attorney must give consent)							
Name		Relationship					
REFERRER							
Name		Relationship to recipient					
Phone number		Email					
PROVIDER							
Aged Care Provider		Contact Person					
Address		State					
Phone		Email					
CARE RECIPIENTS DETAILS							
Title		First Name	Surname			DOB	
Gender Identity		Preferred Pronouns		Country of origin			
Reason for referral							
Preferred Language/s							
Background eg. work, family, culture							
Hobbies and Interests							
Current visitors and relationships							
Suggested activities for visitor							
During lock downs (e.g. COVID 19, Gastro) if face-to-face visits are postponed we offer virtual visits. Please indicate what types of visit the older person would prefer to participate in.				Phone <input type="checkbox"/> Video (Zoom etc) <input type="checkbox"/>		Letters/emails <input type="checkbox"/>	

SPECIAL NEEDS GROUP The following information is important as it will be used to better direct the care recipient to services and is requested by the Department of Health. The information will be kept in the strictest of confidence. Please tick

Does the care recipient identify as being from a special needs group, as specified under the *Aged Care Act 1997*? Please indicate which of the below groups the recipient most identifies with:

People from Aboriginal and Torres Strait Island Communities		People who are homeless or at risk of becoming homeless	
People from Culturally and Linguistically Diverse Backgrounds (CALD)		Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	
People who live in rural or remote areas		Parents separated from their children by forced adoption or removal	
People who are financially or socially disadvantaged		Lesbian, gay, bisexual, transgender and intersex people	
Veterans			

HEALTH STATUS Please include any issues that may impact on visits such as mobility, hearing, eyesight, continence, speech, dementia and/or challenging behaviour. This information is vital to ensuring a suitable match

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VISITOR PREFERENCES

Gender		Age		Language, Cultural, LGBTIQ+ Preferences	
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Other preferences (please include any preferences that will help make the right match. E.g. interest in gardening, travel, hobbies etc)

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Home Care Package recipients ONLY

Home Address			
Phone			
Emergency contact person		Relationship	
Phone (1)		Phone (2)	

Please return the completed form to Balwyn Evergreen Centre at office@balwynevergreen.org.au or for referrals outside of Melbourne Eastern suburbs to the ACVVS Network Member (details can be found at <https://www.health.gov.au/ACVVS>)