

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

Confidential



**ACVVS**

*Funded by the Australian Government*

CARE RECIPIENT			
Please indicate relevant aged care service	Living in Residential Aged Care		Approved & waitlisted for Home Care Package
	Receiving a Home Care Package		
Would your care recipient like a visitor who is from the LGBTIQ+ community?			yes/no
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		<b>Email</b>	
PROVIDER (if known)			
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		
					Video e.g. skype		
					Letters/emails		
<b>SPECIAL NEEDS GROUP.</b> 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.							
Does the care recipient identify as being from a special needs group, as specified under the <i>Aged Care Act 1997</i> ? 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

VISITOR PREFERENCES				
Gender		Age		Language or Cultural Preferences
Other preferences				
Other (please include any preferences that will help make the right match)				
Home Care Package recipients ONLY				
Home Address				
Phone				
Emergency contact person		Relationship		
Phone (1)		Phone (2)		

**Please return the completed form to [manager@nvsa.org.au](mailto:manager@nvsa.org.au)**