

**Aged Care Volunteer Visitors Scheme (ACVVS)**

**Request a volunteer visitor form**

# Confidential

**Funded by the Australian Government**

**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 | | | ☐ | | 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 |  | Email |  | | | | |  |
| PROVIDER (if known) | | | | | | | |  |
| Aged Care Provider |  | | Contact Person | |  | | |  |
| Address |  | | State | | VIC | | |  |
| Phone |  | Email |  | | | | |  |

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| 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 | | | ☐ |
| 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. | | | | | | | | | | | | | |
| 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 | | | | | | |  | Religious (please specify if comfortable) | | | |  | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| COVID Vaccinated: | | | | Yes ☐ No ☐ | | | | | | | | | |
| VISITOR PREFERENCES | | | | | | | | | | | | | |
| Gender |  | Age | | |  | Language or Cultural Preferences | |  | | | | | |
| Other preferences | |  | | | | | | | | | | | |
| Other (please include any preferences that will help make the right match) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **I would be comfortable with my Volunteer Visitor to bring with them** | | | | | | | | | Children | |  | Pets (i.e. dog) |  |
| **Home Care Package recipients ONLY** | | | | | | | | | | | | | |
| Home Address | | |  | | | | | | | | | | |
| Phone | | |  | | | | | | | | | | |
| Emergency contact person | | |  | | | | Relationship | | |  | | | |
| Phone (1) | | |  | | | | Phone (2) | | |  | | | |

Macedon Ranges Shire Council is committed to protecting your privacy. The information you provide on this form is being collected for the primary purpose of recruiting and matching volunteers with Residential Age Care or Home Care Package clients. Where required, your details, will be provided to Macedon Ranges Shire Council staff and volunteers to enable them to provide the service.

Your personal information will not be disclosed to any external party without your consent, unless required or authorised by law. If you wish to gain access to, or alter any personal information you have supplied on this registration form please contact Macedon Ranges Shire Council via phone 5422 0333 or email mrsc@mrsc.vic.gov.au. Information provided will be stored in accordance with Council’s Record Management

Policy and destroyed in accordance with the Public Records Act 1973. You can access Council’s Privacy Policy at mrsc.vic.gov.au

# Please return the completed form to the Macedon Ranges Shire Council or email to **VolunteerVisiting@mrsc.vic.gov.au**

