

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	Living in Residential Aged Ca	re							
relevant aged care service	Receiving a Home Care Pack	age			- Approved & wa				
Would your care recipien	t like a visitor who is from the L		Yes □	No □					
Who has given consent to	o refer the recipient and provide	e this information?	(Recipient, N	lext of	Kin or Power of A	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							

CARE R	ECIPIENTS	DETAILS									
Title		First Name			Surname				DOB		
Gender	Gender Identity Preferred Pronouns			Country of origin							
Reason for referral											
Preferred Language/s											
Backgro	und eg. wor	k, family, cultu	re								
Hobbies and Interests											
Current	visitors and	relationships									
Suggest	Suggested activities for visitor										
During lock downs (e.g. COVID 19, Gastro) if face-to-face visits are postponed we offer virtual visits. Please Phone											
indicate what types of visit the older person would prefer to participate in.								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 <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				Religious (please specify if comfortable)							

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									
	J								
COVID Vaccinated:		Y	Yes □	No □					
VISITOR PR	REFERENCES								
Gender	l l	∖ge		Language or Cultural Preferences					
Other prefer	ences		.	1	1				
Other (pleas	e include any preferen	ces that	will help make t	he right match)					
I would be comfortable with my Volunteer Visitor to bring with them			ng with them	Children		Pets (i.e. dog)			
Home Care	Package recipients C	DNLY							
Home Addre	ess								
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 places contact Macadon Ranges Shire Council via places and the council via places are via via places.

this registration form please contact Macedon Ranges Shire 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

