COMMUNITY GATEWAY

ACVVS Care Recipient Referral

Aged Care Volunteer Visitors Scheme

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The Aged Care Volunteer Visitors Scheme (ACVVS) is available to recipients of Australian Government subsidised residential aged care services or aged care Support at Home services. This includes care recipients on a waiting list/National Priority System for residential care or Support at Home services.

An ACVVS referral can be completed by an Aged Care Provider or ACVVS coordinator. It can also be completed by the age care recipient or their representative.

Questions within this form will assist in the matching process. **This information is confidential and will only be used for matching and *de-identified reporting purposes.**

Date of Referral	**Enter a date**
Care Recipient Details and Friendship Preferences (if applicable)	
First Name	
Preferred Name	
Surname	
Date of Birth	
*Gender	
Preferred Pronouns	
Country of Origin	
Preferred language(s)	
Reason for referral	
Background and Interests	
Religion / Faith	
Current visitors	
Suggested Activities	
***Care Recipient Aged Care Status**	
Living in Residential Aged Care Home	☐
Approved and waitlisted for Residential Aged Care	☐
Receiving a Support at Home services	☐
Approved and waitlisted for Support at Home services	☐

***Type of Visit Requested**	
One-on-one in-person (primary type of visits under ACVVS)	☐
One-on-one virtual (exceptional circumstances only)	☐
Group visits – residential care only (maximum ratio 1 volunteer to 3 recipients)	☐
***Please indicate if the older person being referred is from any of the below diverse, complex vulnerability and cultural groups (tick as many as apply)**	
Aboriginal and/or Torres Strait Islander	☐
Veteran or war widows	☐
Culturally ethnically and linguistically diverse background	☐
Person who is financially or socially disadvantaged	☐
Person experiencing homelessness or at risk of becoming homeless	☐
Parent separated from their children by forced adoption or removal	☐
Adults survivors of institutional child sexual abuse	☐
Care leavers including Forgotten Australians and former child migrants	☐
Lesbian, gay, bisexual, trans/transgender, intersex or are gender/bodily diverse	☐
Person living with a disability or mental ill health	☐
Person living with cognitive impairment, including dementia	☐
Neurodivergent	☐
Person who is deaf, deafblind or hard of hearing	☐
Person who is blind or may have limited eyesight	☐
Person living with mobility issues	☐
Person that has difficulty speaking	☐
Person who lives in rural, remote or very remote areas	☐
Is an interpreter required? If so, please specify type (eg: sign language, other languages etc)	☐

Is the recipient interested in participating in outings? To ensure ACVVS volunteer wellbeing and successful outings, please advise of any considerations not mentioned above (eg: ability to use toilet independently, ability to independently consume food/beverages, etc).

If a health orientated lock down occurs at a residential aged care home, face-to-face visits will be postponed temporarily for safety reasons and supplemented by the offer of virtual visits. Please indicate what types of virtual visit the care recipient would prefer: Phone Call ☐ Video Chat ☐ Written ☐
Visitor Preference – please indicate the preference of the recipient for volunteer visit
Gender
Age bracket
Additional Matching Information
Please include any other health or background information and/or preferences that will help match the aged care recipient with a compatible volunteer. Additional information about the care recipient could include: • Diversity, Complex Vulnerability and Cultural preferences • Language preferences • Physical ability limitations • Details of their connection to country (for First Nations and/or CALD recipients) • Volunteer preference (e.g.: from a particular LGBTIQ+ group, religion or background) • Hobbies, preferences and daily interests • Military service (army, navy, air force); and • Definition of their rural or remote status
Support at Home recipients ONLY
Home Address
Phone
Who has given verbal/written consent to submit this referral
Recipient
Next of Kin/Power of Attorney
Other

Name
Relationship/Position
Organisation
Referrer Details
Name
Relationship to recipient
Organisation
Email
Phone
Emergency Contact Details
Name
Relationship to recipient
Email
Phone
Aged Care Provider Details
Name of Provider
Contact Person
Address
State
Email
Phone

Please complete as much of this form as possible, and return to Community Gateway's ACVVS Project Officer.

This pdf form can be completed digitally and emailed to volunteer@nrcg.org.au. Alternatively, you can print this form, complete the hard copy and return to us by faxing 02 6622 0235, or post to PO Box 525, Lismore NSW 2480.

For further information visit https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs