

Aged Care Volunteer Visitors Scheme

ACVVS care recipient referral

The Aged Care Volunteer Visitors Scheme (ACVVS) is available to recipients of Australian Government subsidised residential aged care services or aged home care packages. This includes care recipients on a waiting list, or national priority system for residential care or home care packages.

An ACVVS referral can be completed by an aged care provider or ACVVS coordinator. It can also be completed by an aged care recipient or their representative.

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

Date of referral

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

Current visitors

Suggested activities

Care recipient aged care status

Living in residential aged care home

Approved and waitlisted for residential aged care

Receiving a home care package

Approved and waitlisted for home care package

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

Culturally and linguistically diverse background

Living in rural or remote area

Financially or socially disadvantaged

War veteran

Experiencing homelessness or at risk of becoming homeless

Care leavers (forgotten Australians)

Parent separated from their children by forced adoption or removal

Lesbian, gay, bisexual, transgender or intersex

Living with a disability

Deaf or hard of hearing

Blind or may have limited eyesight

Living with mobility issues

Has difficulty speaking

Living with cognitive impairment, including dementia

Experiencing a mental health condition, or exposed to significant trauma

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 recipient's volunteer preference)

Gender

Age bracket

Additional matching information

Please include any other health, background information and/or preferences that will help to match the aged care recipient with a compatible volunteer. Additional information about the care recipient could include:

- Background, interests and religious beliefs
- Diversity, cultural and language preferences
- Physical ability limitations and complex vulnerabilities
- Details of their connection to country (for First Nations and CALD recipients)
- Volunteer preferences (eg from a particular LGBTIQ+ group, religion or background)
- Hobbies, preferences and daily interests
- Military service (army, navy, air force)
- Definition of their rural or remote status

Enter text – up to 250 words

Home care package recipients ONLY

Home address

Phone

Who has given verbal/written consent to submit this referral?

Recipient.

Next of kin or power of attorney.

Other

Name

Relationship/position

Organisation

Referrer details

Name

Relationship to recipient

Organisation

Phone

Email

Emergency contact details

Name

Relationship to recipient

Phone

Email

Aged care provider details

Name of provider

Contact person

Address

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 about the ACVVS, visit <https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs>