



ACVVS Care Recipient Referral

Aged Care Volunteer Visitors Scheme

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 return the completed form to the ACVVS Network Member in your State or Territory.

To find your local Network Member visit <https://www.health.gov.au/our-work/aged-care-volunteer-visitors-scheme-acvvs/contacts>.

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