

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 Text
Care Recipient Details and Friendship Preferences (if applicable)	
First Name	Enter Text
Preferred Name	Enter Text
Surname	Enter Text
Date of Birth	Enter Text
*Gender	Enter Text
Preferred Pronouns	Enter Text
Country of Origin	Enter Text
Preferred language(s)	Enter Text
Reason for referral	Enter Text
Background and Interests	Enter Text
Religion / Faith	Enter Text
Current visitors	Enter Text
Suggested Activities	Enter Text
*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)

Enter Text

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).

Enter Text

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

Enter Text

Age bracket

Enter Text

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.

Enter Text – up to 250 words

Support at Home recipients ONLY

Home Address Enter Text

Phone Enter Text

Who has given verbal/written consent to submit this referral

Recipient ☐

Next of Kin/Power of Attorney

☐

Other

☐

Name Enter Text

Relationship/Position Enter Text

Organisation Enter Text

Referrer Details

Name Enter Text

Relationship to recipient Enter Text

Organisation Enter Text

Phone Enter Text

Email Enter Text

Emergency Contact Details

Name Enter Text

Relationship to recipient Enter Text

Phone Enter Text

Email Enter Text

Aged Care Provider Details

Name of Provider Enter Text

Contact Person Enter Text

Address Enter Text

State Enter Text

Email Enter Text

Phone Enter Text

Please return the completed form to the ACVVS Coordinator at acvvs@agedrights.asn.au

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