

AGED CARE VOLUNTEER VISITORS SCHEME (ACVVS)

CARE RECIPIENT PROFILE FORM

Confidential



Funded by the Australian Government

To be completed by an Aged Care Provider, ACVVS auspice coordinator, recipient, or their representative

CARE RECIPIENT				
Please indicate relevant aged care service	Living in Residential Aged Care	Choose an item.	Approved & waitlisted for Home Care Package	Choose an item.
	Receiving a Home Care Package	Choose an item.		
Would your care recipient like a visitor who is from the LGBTIQ+ community?				yes/no
Who has given consent to refer the recipient and provide this information? (Recipient, Next of Kin or Power of Attorney must give consent)				
Name	Click or tap here to enter name (next of kin).	Relationship	Click or tap here to enter relationship (next of kin).	
REFERRER				
Name	Click or tap here to enter Name of the referrer.	Relationship to recipient	Click or tap here to enter relationship of the referrer.	
Phone number	Click or tap here to enter phone number for referrer	Email	Click or tap here to enter email details for referrer.	
PROVIDER (if known)				
Aged Care Provider	Click or tap here to enter aged care providers.	Contact Person	Click or tap here to enter contact person	
Address	Click or tap here to enter address details.	State	Click or tap here to enter state or territory	
Phone	Click or tap here to enter phone number.	Email	Click or tap here to enter email details.	

CARE RECIPIENTS DETAILS							
Title	Click or tap here to enter title.	First Name	Click or tap here to enter first name.	Surname	Click or tap here to enter surname.	DOB	Click or tap to enter a date of birth.
Gender Identity	Click or tap here to enter gender.	Preferred Pronouns	Click or tap here to enter preferred pronouns.	Country of origin	Click or tap here to enter country of origin		
Reason for referral	Click or tap here to enter reason for referral						
Preferred Language/s	Click or tap here to enter your preferred language.						
Background eg. work, family, culture	Click or tap here to enter background details.						
Hobbies and Interests	Click or tap here to enter hobbies and interest.						
Current visitors and relationships	Click or tap here to enter current visitor relationship.						
Suggested activities for visitor	Click or tap here to enter activities for visitors.						
During lock downs (e.g. COVID 19, Gastro) if face-to-face visits are postponed we offer virtual visits. Please indicate what types of visit the older person would prefer to participate in.					Phone	Click or tap here to enter phone.	
					Video e.g. skype	Click or tap here to enter video details	
					Letters/emails	Click or tap here to enter letter or email details	
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	Choose an item.	People who are homeless or at risk of becoming homeless	Choose an item.				
People from Culturally and Linguistically Diverse Backgrounds (CALD)	Choose an item.	Care-leavers (including Forgotten Australians, Former Child Migrants and Stolen Generations)	Choose an item.				
People who live in rural or remote areas	Choose an item.	Parents separated from their children by forced adoption or removal	Choose an item.				
People who are financially or socially disadvantaged	Choose an item.	Lesbian, gay, bisexual, transgender and intersex people	Choose an item.				
Veterans	Choose an item.						

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

VISITOR PREFERENCES

Gender	Click or tap here to enter gender.	Age	Click or tap here to enter age.	Language or Cultural Preferences	Click or tap here to enter language or cultural preferences.
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Other preferences	Click or tap here to enter other preferences
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Other (please include any preferences that will help make the right match)

Click or tap here to enter other preference

Home Care Package recipients ONLY

Home Address	Click or tap here to enter home address
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Phone	Click or tap here to enter phone.
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Emergency contact person	Click or tap here to enter emergency contact person.	Relationship	Click or tap here to enter text relationship.
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Phone (1)	Click or tap here to enter first contact number.	Phone (2)	Click or tap here to enter second contact number
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Please send the completed form to SLHD-ACVVS@health.nsw.gov.au