



# Community Visitors Scheme

An Australian Government Initiative



## Client Referral/Profile

**CONFIDENTIAL**

### Aged Care Provider / Referrer

Aged Care Home                       Home Care Package

Aged Care Provider Name: \_\_\_\_\_

Staff person providing information: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### Client

Client's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Country of origin: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Reason for referral to Community Visitors Scheme: \_\_\_\_\_

\_\_\_\_\_

Family background: \_\_\_\_\_

\_\_\_\_\_

Work background: \_\_\_\_\_

\_\_\_\_\_

Hobbies and interests: \_\_\_\_\_

\_\_\_\_\_

Current visitors and relationships: \_\_\_\_\_

\_\_\_\_\_

Suggested activities to undertake during visit with client: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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This activity received grant funding from the Australian Government

Does the client identify with, or belong to, any of these Government-defined\* Special Needs Groups?

ATSI     CALD     Veterans     LGBTI     Care Leavers     Rural and Remote

Financially or Socially disadvantaged     Homeless or at risk of homelessness

Parents separated from their children by forced adoption or removal

\*Government definitions:

ATSI - Aboriginal and Torres Strait Islander

CALD - Culturally and Linguistically Diverse

LGBTI - Lesbian Gay Bi-sexual Transgender Intersex

Care Leavers - people who experienced out-of-home care as children

Health: Mobility \_\_\_\_\_

Continence \_\_\_\_\_

Dementia \_\_\_\_\_

Hearing \_\_\_\_\_

Eyesight \_\_\_\_\_

Speech \_\_\_\_\_

Challenging behaviour \_\_\_\_\_

Other relevant health information to ensure that the Community Visitor can meet his/her duty of care \_\_\_\_\_

Special care needs: \_\_\_\_\_

Emergency contact person (name, relationship and telephone number) \_\_\_\_\_

**Visitor preferences** (please state 'none' if no preference)

Gender: \_\_\_\_\_

Age range: \_\_\_\_\_

Language or culture: \_\_\_\_\_

Most suitable day and/or time of day to visit: \_\_\_\_\_

Other comments: \_\_\_\_\_

Please email this form to [cvs@cotasa.org.au](mailto:cvs@cotasa.org.au) or post to CVS, COTA SA, GPO Box 1583 Adelaide 5001

**Office Use Only**

CVS Coordinator comments: \_\_\_\_\_

CV Matching: \_\_\_\_\_

CV Match: \_\_\_\_\_

Commencement \_\_\_\_\_