



Golden Retriever Club of South Australia Inc
CARING CANINE COMPANIONS®



Community Visitors Scheme

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Australian Government Community Visitors Scheme

MEMORANDUM OF UNDERSTANDING

Betweenand The Golden Retriever Club of SA Inc.
(Name of visitor) (Name of auspice)

I, (Name of volunteer)
.....

Of (Address).....
.....

In undertaking to be a Community Visitor, hereby **agree to:**

1. Visit a designated resident on a regular basis (at least once a fortnight) for the purposes of friendship and companionship;
2. Provide, to the Coordinator, a record of the dates of visits to the Aged Care Facility (Quarterly Report Form)
3. Respect the rights of residents including confidentiality and privacy;
4. Exercise a duty of care at all times. Community Visitors duty of care is using commonsense and exercising reasonable caution in any activities undertaken with the resident;
5. Inform the Coordinator if I am experiencing any difficulties with visiting;
6. Notify the Coordinator of any accident or incident that occurs whilst I am visiting;
7. Notify the Coordinator if I intend to cease visiting on a temporary or permanent basis; and
8. Inform the Coordinator if I wish to stop visiting a particular resident.

I understand that as a Community Visitor I must **NOT**:

1. Monitor standards provided at a residential aged care home;
2. Be involved in investigating or following up complaints;
3. Displace relationships between the resident and their family, staff or other relationships;
4. Have access to residents' care or personal records or become involved in the financial affairs of the resident;
5. Provide nursing or personal care to the resident;
6. Interfere with or have any involvement in the day-to-day running of the residential aged care home;
7. Replace nursing, activities or therapy staff in residential aged care homes; and
8. Visit other residents without the prior approval of the Community Visitors Scheme Coordinator.

I further agree to inform the Coordinator at The Golden Retriever Club of SA. Inc. in writing of any change of status in regard to my National Criminal History Record Check (generally referred to as a "police check")—i.e., of any criminal charge or conviction.

Signed _____ **Name** _____ *(Community Visitor)*

Witness Signature _____ **Name** _____

Date _____

Signed _____ **Name** _____
(Authorised Officer on behalf of the sponsoring organisation)