



Golden Retriever Club of South Australia Inc



CARING CANINE COMPANIONS

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Aged Care

**Volunteer**

**Visitors** Scheme

Funded by the Australian Government

**VISIT REPORT FORM**

**3<sup>rd</sup> Quarter – July, August, September 2023**

**(Please use separate form for each Aged Care Facility visited)**

**VOLUNTEER VISITOR'S NAME:** \_\_\_\_\_ **Dog's Name:** \_\_\_\_\_

**NAME OF AGED CARE FACILITY VISITED:** \_\_\_\_\_

**SUBURB OF AGED CARE FACILITY VISITED:** \_\_\_\_\_

Date	No of visits One-on-One	No of residents in Group visits	Comments	Office Use	
				This Period	
				V#	
				OoO	
				#inG	
				OOP	
				Multi ACFs Tot	
				V#	
				OoO	
				#inG	
				OOP	

**These visits have been made by me on behalf of the Aged Care Volunteer Visitors Scheme**

Sign: \_\_\_\_\_

Are "Out of Pocket" expenses required? **YES/NO**

If **YES**, please supply Bank details if not already supplied or have changed:

NAME ON ACCOUNT: \_\_\_\_\_ NAME OF BANK: \_\_\_\_\_

BSB: \_\_\_\_\_ ACCOUNT NUMBER: \_\_\_\_\_

**Please return Report Form to the postal address or by email by 15<sup>th</sup> October 2023**  
**If form is received after this date "Out of Pocket Expenses" may not be paid**