

Golden Retriever Club of South Australia Inc



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Funded by the Australian Government

VISIT REPORT FORM

1st Quarter - January, February, March 2024

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

VOLUNTEER VISITOR'S NAME: ______Dog's Name: _____

NAME O	F AGED CARE FA	CILITY VISITED:				_
SUBURB OF AGED CARE FACILITY VISITED:						
Date	No of visits One-on-One	No of residents in Group visits	Names of Referred Recipients Visited & Comments	Office Use		
				This Period		
				V#		
				Multi ACFs Tot		
				V#		
				OOP		
				V# per Rec		
				Code	0	G
				1		
						1
				1		1
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These vis	sits have heen m	ade hy me on hehal	f of the Aged Care Volunteer Visitors Scheme	<u></u>		
		•				
Are "Out	of Pocket" expe	nses required? YES/	NO If YES, please supply Bank details if not already supplied of	or have cl	hange	d
NAME ON ACCOUNT:NAME OF BANK:						
BSB:ACCOUNT NUMBER:						
Please return Report Form to the postal address or by email by 15 th April 2024						