## **Golden Retriever Club of South Australia Inc**







## **CARING CANINE COMPANIONS**

PO Box 186, Welland SA 5007 www.caringcaninecompanions.org.au caringcaninecompanions@hotmail.com Phone 0450 504 871

## **VOLUNTEER VISITOR APPLICATION FORM**

OUR VISITORS MAY BE REQUIRED TO PROVIDE THE AGED CARE HOME A CERTIFICATE OF VACCINATION AGAINST SEASONAL INFLUENZA AND AGAINST COVID.

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TITLE:					
FAMILY NAME:					
GIVEN NAME: PR	REFERRED NAME:				
ADDRESS:					
SUBURB: PO	OST CODE:				
PHONE: E-MAIL:					
HAVE YOU LIVED OUTSIDE AUSTRALIA FOR MORE THAN 12 MONTHS AFTER THE					
AGE OF 16?			YES 🗆	NO □	
ARE YOU AN AUSTRALIAN CITIZEN?			YES 🗆	NO □	
IF NOT WHICH VISA TYPE?	OUNTRY OF ORIGIN:				
DO YOU HAVE A CURRENT NATIONAL POLICE CERTIFICATE?			YES 🗆	NO 🗆	
HOW OFTEN ARE YOU WILLING TO VISIT? WE	EKLY?	FORTNIGHTI	Y?		
WHICH DAYS OF THE WEEK SUIT YOU BEST?					
MORNING OR AFTERNOON?					
(Visits are generally of one hour's duration)					
HOW FAR ARE YOU PREPARED TO TRAVEL? Kms					
PLEASE PROVIDE THE NAME OF ANY AGED CARE HOME THAT YOU WOULD LIKE TO VISIT?					
DO YOU SPEAK LANGUAGES OTHER THAN ENGLISH T	THAT YOU WOULD LIK	E TO UTILISE			
IN THIS ROLE?			YES □	NO □	
IF YES, PLEASE LIST:					
EMERGENCY CONTACTS OR NEXT OF KIN – PLEASE LIST 2					
NAME:	NAME:				
RELATIONSHIP:	RELATIONSHIP:				
PHONE:	PHONE:				
ARE YOU A CURRENT MEMBER OF THE GOLDEN RETRIEVER CLUB OF SA INC?			YES 🗆	NO □	
WHERE DID YOU LEARN ABOUT OUR ORGANISATION?					
ARE YOU HAPPY TO RECEIVE ALL MAIL INCLUDING OUR NEWSLETTER VIA EMAIL?			YES 🗆	NO □	
REFEREES – PLEASE PROVIDE DETAILS OF 2 REFEREES					
NAME:	NAME:				
PHONE:	PHONE:				
RELATIONSHIP:	RELATIONSHIP:				

## **ABOUT YOUR CANINE COMPANION**

(Must be between 1 and 10 years of age you to be eligible for assessment)

NAME:		
BREED:		
DATE OF BIRTH:		
MICROCHIP NUMBER:		
IS YOUR DOG OBEDIENCE TRAINED? YES □ NO□ LEVEL NO:		
IS YOUR DOG SOCIAL?	YES 🗆	NO 🗆
IS IT INTERACTIVE WITH PEOPLE AND LIKES ATTENTION?	YES 🗆	NO 🗆
IS YOUR DOG COMFORTABLE WITH STRANGERS?	YES 🗆	NO □
IS YOUR DOG COMFORTABLE IN NEW AREAS?	YES 🗆	NO □
HAS YOUR DOG SHOWN ANY AGGRESSION TO HUMANS?	YES 🗆	NO □
HAS YOUR DOG SHOWN ANY AGGRESSION TO OTHER ANIMALS?	YES 🗆	NO □
IF YES, WHAT ANIMAL?		
IS YOUR DOG TOLERANT OF CHILDREN?	YES 🗆	NO □
DOES YOUR DOG JUMP UP ON PEOPLE?	YES 🗆	NO □
DOES YOUR DOG JUMP UP ON COUCHES OR TABLES?	YES 🗆	NO □
IS YOUR DOG MOUTHY AND PRONE TO PLAY BITING?	YES 🗆	NO □
DOES YOUR DOG HAVE ANY CURRENT MEDICAL ISSUES?	YES 🗆	NO □
IF YES, PLEASE EXPLAIN (it may be necessary for you to get a clearance from your Vet)		
PLEASE ADD ANY OTHER COMMENTS OR INFORMATION YOU THINK MAY BE RELEVANT	-	
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☐ I hereby declare that the information provided is true and correct. I also un any wilful dishonesty may render for refusal of this application. DATE:	aerstand	tnat
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Your interest in CARING CANINE COMPANIONS - (Aged Care Volunteer Visitors Scheme) is very much appreciated by the GOLDEN RETRIEVER CLUB of SA. Inc. It is important that your volunteer work for the club be an enjoyable experience. The questions we have asked will assist us to ensure your contribution will be the most suitable and rewarding for all concerned.