

Golden Retriever Club of South Australia Inc







Funded by the Australian Government

VISIT REPORT FORM

1st Quarter – July, August, September 2024 (financial year)

(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#		
				ООР		
				V#	V# per Rec	
				Code	0	G
			f of the Aged Care Volunteer Visitors Scheme /NO If YES, please supply Bank details if not already supplied	d or have c	hange	e d
NAME ON ACCOUNT:			NAME OF BANK:			_
BSB:			ACCOUNT NUMBER:			_
	Please return l	Report Form by ema	il or text by 7 th October 2024 (postal address to be confi	rmed)		

If form is received after this date "Out of Pocket Expenses" may not be paid