



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

4th Quarter – October, November, December 2024

(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	Names of Referred Recipients Visited	Office Use		
				V#	O	G
				This Period		
				Multi ACFs Tot		
				OOP		
				V# per Rec		
				Code	O	G

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 15th January 2025

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