



Aged Care
Volunteer
Visitors Scheme

Funded by the Australian Government



Golden Retriever Club of South Australia Inc



CARING CANINE COMPANIONS

www.caringcaninecompanions.org.au
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Phone 0415 515 619

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.

TITLE:	
FAMILY NAME:	
GIVEN NAME:	PREFERRED NAME:
ADDRESS:	
SUBURB:	POST CODE:
PHONE:	E-MAIL:

HAVE YOU LIVED OUTSIDE AUSTRALIA FOR MORE THAN 12 MONTHS AFTER THE AGE OF 16?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU AN AUSTRALIAN CITIZEN?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF NOT WHICH VISA TYPE?	COUNTRY OF ORIGIN:		
DO YOU HAVE A CURRENT NATIONAL POLICE CERTIFICATE?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

HOW OFTEN ARE YOU WILLING TO VISIT?	WEEKLY?	FORTNIGHTLY?
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 THAT YOU WOULD LIKE TO UTILISE IN THIS ROLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/>	
WHERE DID YOU LEARN ABOUT OUR ORGANISATION?	
ARE YOU HAPPY TO RECEIVE ALL MAIL INCLUDING OUR NEWSLETTER VIA EMAIL?	
YES <input type="checkbox"/> NO <input type="checkbox"/>	
REFEREES – PLEASE PROVIDE DETAILS OF 2 REFEREES	
NAME:	NAME:
PHONE:	PHONE:
RELATIONSHIP:	RELATIONSHIP:

ABOUT YOUR CANINE COMPANION

(Eligibility: Generally about 2 years old and subject to Wellness Check at 10 years old and older for eligibility for assessment)

NAME:		
BREED:		
DATE OF BIRTH:		
MICROCHIP NUMBER:		
IS YOUR DOG OBEDIENCE TRAINED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
LEVEL NO:		
IS YOUR DOG SOCIAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS IT INTERACTIVE WITH PEOPLE AND LIKES ATTENTION?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS YOUR DOG COMFORTABLE WITH STRANGERS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS YOUR DOG COMFORTABLE IN NEW AREAS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS YOUR DOG SHOWN ANY AGGRESSION TO HUMANS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS YOUR DOG SHOWN ANY AGGRESSION TO OTHER ANIMALS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WHAT ANIMAL?		
IS YOUR DOG TOLERANT OF CHILDREN?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES YOUR DOG JUMP UP ON PEOPLE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES YOUR DOG JUMP UP ON COUCHES OR TABLES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IS YOUR DOG MOUTHY AND PRONE TO PLAY BITING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DOES YOUR DOG HAVE ANY CURRENT MEDICAL ISSUES?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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		

☐ I hereby declare that the information provided is true and correct. I also understand that any wilful dishonesty may render for refusal of this application. DATE: _____

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.