

Out & About Community Visitors Scheme New Client Self-referral Form

Date:

Your details	
Full name:	
Preferred name :	
Date of Birth:	
Country of origin:	
Preferred language:	
Home address:	
Postal address (if different):	
Phone number:	
Mobile phone number:	
Email address:	
Your emergency contact details	
Full name of contact:	
Relationship:	
Phone number/s:	
Aged care service details	
What aged care service do you currently receive?	<input type="checkbox"/> Home Care Package in your own home <input type="checkbox"/> Residential aged care <input type="checkbox"/> Commonwealth Home Support Program <input type="checkbox"/> NDIS <input type="checkbox"/> Other <input type="checkbox"/> None
Name of aged care service provider:	
Contact person:	
Their position:	
Their phone number:	

Out & About may occasionally need to contact your aged care service provider to complete documentation required by Government funding obligations.

Do you give consent for Out & About to contact your Aged Care Provider listed above on occasion?

Yes

No

Please note, you do not have to say yes and can absolutely still receive visits if you say no.

If yes, please sign here to indicate you give consent for us to contact your aged care service provider.

Information to match you with a visitor

How would you describe yourself in one sentence:

Family background:

Work background:

Hobbies and interests:

Current visitors:	
What attributes would you like your visitor to have (eg/ age, gender, personality):	
What activities might you like to do with a friendly social visitor?	
Do you have any health or mobility issues that might affect your visits? If yes, please let us know more information:	
Do you have a criminal history?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
If yes, please provide details	

Statistics – special needs groups	
The following information is requested by the Department of Social Services for our funding requirements and will be kept in the strictest of confidence. Do you identify as being from one of the following groups?	
	Aboriginal and Torres Strait Islander origin
	Culturally and linguistically diverse background
	Financially or socially disadvantaged
	Care-leavers (forgotten Australians, former child migrants and Stolen Generations)
	Veteran, or spouse/widow of veteran
	Lives in rural or remote area
	Lesbian, gay, bisexual, transgender or intersex
	Homeless or at risk of becoming homeless
	Parent separated from their children by forced adoption or removal

How did you find out about our service?	<input type="checkbox"/> Printed advertisement <input type="checkbox"/> Radio <input type="checkbox"/> Aged care / health care worker <input type="checkbox"/> Word of mouth <input type="checkbox"/> On the internet
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Returning this form
Please send completed referrals to: Ada Castle, Out and About Coordinator, Switchboard Victoria PO Box 21291, Little Lonsdale st, Melbourne 8011 03 9663 2474 / 0466 218 921 / outandabout@switchboard.org.au

Please note, Switchboard Victoria reserves the right to decline prospective clients. Out and About is a service of Switchboard Victoria and is supported by funding provided by the Australian Government