

STAFF/CONSUMER COMPATABILITY

Dementia Aged Care Services aim's to enable our consumers and staff to have ongoing enjoyable experiences. This form is to assist us to know more about you and your interests to provide you with services to support our consumers that may be like minded as well as enhance your working day. This may include cooking, fishing, woodwork, craft- knitting, painting, sketching, technology, yoga, Pilates, dance, movies, naturopathy, crystals, massage, beauty therapy, cards

as an example of a few. Please complete, fe	el free to ask questions if you require further	information:
Staff Name:		Date:
Region/Centre:		
TALENTS	SKILLS/OTHER QUALIFICATIONS	INTERESTS
Do you speak any other languages? Please s	pecify	
What type of vehicle do you drive? (e.g., sm		
Any Limitations (e.g., sea sickness, afraid of	heights, allergic to cats)	

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Travel Limitations (i.e. will not travel more than 50 km radius from home postcode)			
Staff Signature:	Date:		
Manager's Signature:	Date:		
Office use only			
Date Received:	Sign:		
Date VC worker profile updated:	Sign:		