

# VINTAGE VIBES

GOOD COMPANY NEVER GETS OLD

# VIP REFERRAL FORM

Eligibility for Vintage Vibes (please tick/cross all that apply)

- Over 60 and lives within the City of Edinburgh
- Is looking to build a friendship with a volunteer
- Is able to engage in active conversation with a volunteer
- Will not be dependent on the volunteer for support
- Is able to take care of their own personal care (or has support in place to provide this)

Please select the following that apply to the person being referred to Vintage Vibes:

- I am able to independently access my own garden and/or go out for a walk without assistance
- I would be happy to have a telephone call from a volunteer
- I would **only** be able to have an indoor home visit from a volunteer (if only selected we are unfortunately unable to accept this referral form at this time)

## PERSONAL DETAILS OF PERSON BEING REFERRED TO VINTAGE VIBES

Full Name	
Address	
Post Code	
Date of Birth	
Phone Number	

## CONTACT PERMISSIONS

I would like you to contact me via (please tick/cross all that apply)		
.....		About Vintage Vibes events and fundraising
.....	About Vintage Vibes	
Telephone		
Post		
Email		

*We love doing things differently | We treat everyone as an individual | We're about real friendships*



LifeCare Edinburgh Ltd | 2 Cheyne Street | Edinburgh | EH4 1JB | 0131 343 0940  
Space | 79-89 Broomhouse Crescent | Edinburgh | EH11 3RH | 0131 455 7731



Vintage Vibes is a partnership between LifeCare Edinburgh, Registered Scottish Charity (SC012641) and Space (The Broomhouse Centre), Registered Scottish Charity (SC003706).

## NEXT OF KIN / EMERGENCY CONTACT PERSON

Full Name	
Relationship to Above Person	
Address	
Post Code	
Contact Number	
Email Address	

Vintage Vibes is all about creating real friendships, so we would like to get some more information about the person being referred.

Please give some more details around your interests and other hobbies:

### Personal Circumstances

Please tell us if the person referred has any specific health and/or mobility needs we should be made aware of that may affect the telephone call/visit (e.g. hearing or visual impairment, stroke, etc.)

Preferred Time slot of visit/telephone call (Please tick/cross all that apply)

- Morning
- Afternoon
- Early Evening

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## REFERRER DETAILS (IF DIFFERENT FROM ABOVE)

Full Name	
Job Title & Organisation	
Address	
Post Code	
Contact Number	
Email Address	
How did you hear about Vintage Vibes?	
Date	

### Preferred Contact Person (please tick/cross one of the following)

- Please contact the named person (client for service) directly above about setting up Vintage Vibes
- Please contact the Next of Kin/ emergency contact person below about setting up Vintage Vibes
- Please contact the referrer about setting up Vintage Vibes

**THANK YOU FOR COMPLETING YOUR  
REFERRAL FOR VINTAGE VIBES**

Please return to us:

Post: Vintage Vibes, 2 Cheyne Street, Edinburgh, EH4 1JB

Email: [hello@vintagevibes.org.uk](mailto:hello@vintagevibes.org.uk)

If you have any questions regarding your referral please contact us on: 0131 343 0955

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