



Survivors Unite

Referral Form

Thank you for your interest in making a referral to Survivors Unite. Please complete this fillable PDF application form and email it to support@survivorsunite.org.uk.

Please note that Survivors Unite is not a crisis service. We do operate a waiting list for many of our services.

Though we can accept your referral, waiting times will vary based on the resources we have at the time of your application. The wait to see a Recovery Practitioner or Peer Support Worker may be anywhere from 1 to 10 months. We are doing our very best to ensure our funding is directed towards increasing counselling hours, reducing waiting times and therefore giving access to therapy as soon as possible.

Once we have received your application, we will then follow this referral process:

1. The applicant will be sent an email from our Support Team to acknowledge receipt of the referral submission. This email will also contain a link to sign an online Confidentiality Agreement, which must be completed before accessing our services. If the application is submitted through an organisation, the referrer will also receive an acknowledgement email.
2. The applicant will then be contacted by their chosen preferred method. Depending on our workload at the time of your application, they may be contacted within a week, but it could be up to 8 weeks. Our current Service Manager is male and our Senior Recovery Practitioner is female, so if the applicant would prefer contact from a female member, please specify this on the form below.
3. The person who makes initial contact with the applicant will discuss the options available and current waiting times for each service.

Please see our HELPLINES section for further information about help which may be available in the meantime.

If you or someone you know is in immediate danger, please call 999 now.

If you need medical advice, you can contact your GP or for out-of-hours medical advice NHS 24 call 111.

Note we must receive your name, address, date of birth and email as standard before we can proceed.

Survivor's Details

Please fill in the details of the person who wishes to access our services.

Name of Applicant:

First Name

Last Name

Best method of contact:

Phone

Phone (female caller prefers)

Email

Text

Don't Know

Date of Birth:

Day

Month

Year

Address: *

Please type your full address including post code.

Phone number: *

Email: *

example@example.com

Gender:

Ethnicity (optional):

Additional Needs:

Do you have any additional needs or medical conditions we should know about?

Additional Information:

What do you/the applicant hope to gain from receiving our support?

Referrer's Details

If you a third party organisation referring to us, please provide your details. If you are self referring you can ignore this section.

Referrer Name: *

First Last Name

Referrer Organisation: *

Referrer Phone Number: *

Area Code Phone Number

Referrer Email:

example@example.com

Thank you for completing this form. All information will be treated with care and confidentiality.