Counselling and Therapy Centre

99 Murray Road, Greystones,

Sheffield S11 7GH

Tel: 000 0000

email: info.cornerstone@googlemail.com

www.cornerstone-sheffield.co.uk

**Enquiry Questionnaire for Counsellors and Therapists**

|  |  |
| --- | --- |
| Date of Enquiry |  |
| Name |  |
| Address |  |
| Telephone | Home |  |
| Mobile |  |
| Email |  |
| What are your counselling/therapy qualifications (Please note you will be asked to produce certificates) |
|  |
| What other substantial counselling/therapy courses have you attended |
|  |
| How do you describe your theoretical orientation |
|  |
| Approximately how many hours and over what period have you been practicing since qualifying as a counsellor/therapy? | Hours | Period |
| In the past year how many hours of CPD have you undertaken |  |
| What client groups are you qualified and experienced to work with |
| What, if any, would you identify as your area(s) of specialism or greatest experience |
|  |
| What other qualifications do you hold (post school) |
|  |
| Do you have any other skills you could offer or would like the opportunity to develop (e.g. group work, training) |
|  |
| How long have you worked in private practice (if at all) |  |
| Do you plan to move your practice to Cornerstone |  |
| When would you like to begin at the Centre |  |
| How many hours per week do you want to work at the Centre |  |
| Expected fee chargeable to clients? |  |
| What days and times would you prefer (Mon-Fri 9a.m.-8p.m., Sat a.m.) |  |
| Do you hold Professional Liability Insurance? (Please note you will be asked to produce your certificate) |  YES / NO |
| Please supply contact details of a referee we can approach |
|  |
| How did you hear about Cornerstone Counselling |
|  |