Counselling and Therapy Centre

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Cornerstone

**Enquiry Questionnaire for Counsellors and Therapists**

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| --- | --- | --- | --- | --- |
| 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 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 | | | | |
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| What other qualifications do you hold (post school) | |
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| Do you have any other skills you could offer or would like the opportunity to develop (e.g. group work, training) | |
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| How long have you worked in private practice (if at all) |  |
| 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 | |
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