



Counselling and Therapy Centre
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Sheffield S11 7GH

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www.cornerstone-sheffield.co.uk



Application to Become a Cornerstone Associate

Please note that we do not accept all applications - we chose practitioners who: complement what we offer; demonstrate they have the capacity to develop their own private practice; can work within our ethos which puts client satisfaction at the heart of our business; and are willing to work collaboratively with fellow Associates and support staff to support the success of Cornerstone. If you are offered an Associateship it will be subject to a probationary period of 6 months.

Date of Enquiry		
Name		D.O.B.
Address		
Telephone	Home	
	mobile	
Email		
What are your counselling/therapy qualifications <i>(Please note you will be asked to produce certificates)?</i>		
Date of award	Title of Award	Awarding Body
What other substantial counselling/therapy courses have you attended?		
Date of course	Title of Course	Duration
What other qualifications do you hold (since school)?		
Accreditations held (with registration number)		

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?		
Do you have any other skills you could offer or would like the opportunity to develop (e.g. group work, training, supervision)?		
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 two referees, one of whom should be your current supervisor (please indicate which one is your supervisor). You will be asked to obtain references (using our pro formas).		
How did you hear about Cornerstone Counselling and Therapy Centre?		
Please Attach your CV		
NB We will expect you to have made Therapeutic Executor arrangements in case of unexpected illness or death.		