

# Cornerstone

Counselling and Therapy Centre  
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## Enquiry Questionnaire for Counsellors and Therapists

|  |        |  |  |       |        |
|--|--------|--|--|-------|--------|
| Date of Enquiry  |        |  |  |       |        |
| Name   |        |  |  |       |        |
| Address  |        |  |  |       |        |
| Telephone  | Home   |  |  |       |        |
|  | mobile |  |  |       |        |
| Email  |        |  |  |       |        |
| What are your counselling/therapy qualifications <i>(Please note you will be asked to produce certificates)</i>  |        |  |  |       |        |
|  |        |  |  |       |        |
| 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                            |        |  |  |       |        |
|  |        |  |  |       |        |

|   |          |
|---|----------|
| 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)  |          |
| When would you like to begin at the Centre  |          |
| How many hours per week do you want to work at the Centre   |          |
| What days and times would you prefer<br>(Mon-Fri 9a.m.-8p.m., Sat a.m.)   |          |
| Do you hold Professional Liability Insurance?<br>(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  |          |
|   |          |