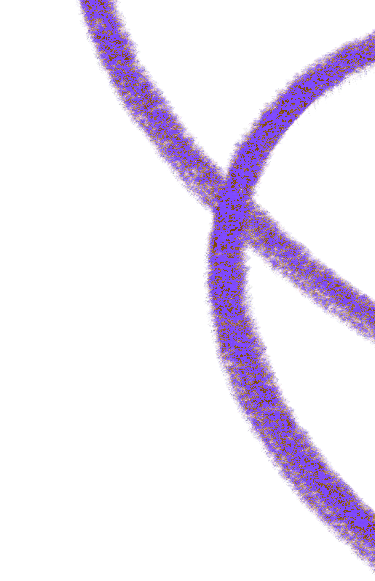
**Doncaster Mind Preferred Provider**

**Pre-Qualification Questionnaire (PPQ)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1: Information about you** | | | | | | | |
| **Name:**  **Mailing address:**  **Telephone number:**  **Email address:**  **Are you currently in private practice?**  **Can you speak any languages, other than English?** | | | | | | | |
| **Section 2: Qualifications** | | | | | | | |
| **Qualification (e.g. counselling degree)** | | **Educational Institution** | | | | **Date attained** | |
|  | |  | | | |  | |
|  | |  | | | |  | |
|  | |  | | | |  | |
| **Length of time practicing, post qualification** | | | | | | | |
| **Section 3: Counselling**  **Please describe your counselling style and modality.** | | | | | | | |
|  | | | | | | | |
| **Clinical supervision:**  **Please provide the name and contact details of your clinical supervisor** | | | | | | | |
| **Name** | | | |  | | | |
| **Telephone number** | | | |  | | | |
| **Email address** | | | |  | | | |
| **Professional Registration number** | | | |  | | | |
| **Section 4: Documentation – please provide membership numbers and any expiry dates** | | | | | | | |
| **Professional Body (e.g. BACP etc)** | | |  | | | | |
| **ICO Membership** | | |  | | | | |
| **Any other professional membership** | | |  | | | | |
| **Section 5: Insurance** Please provide details of your organisations insurance policies in terms of professional indemnity and public liability. Minimum £1,000,000. If you are an individual, these insurances must still be provided. | | | | | | | |
| **Policy Type** | **Expiry Date** | | | | **Insurer** | | **Indemnity Value** |
| Professional indemnity |  | | | |  | |  |
| Public liability |  | | | |  | |  |
| Other (please provide details) |  | | | |  | |  |
| **Section 6: Health and Safety** | | | | | | | |
| Please provide copies of your health and safety policy:   * Risk assessment * Health and Safety Policy **or** provide confirmation that you will adhere to the Doncaster Mind`s Health and Safety Policy and Procedures which can be found at www.doncastermind.org.uk | | | | | | | |
| **Section 7: Equal Opportunities** | | | | | | | |
| Please provide a copy of your equal opportunities policy:   * Equal Opportunities policy/ details of practices you have in place **or** provide confirmation that you will adhere to the Doncaster Mind`s Equality and Diversity Policy and Procedure which can be found at www.doncastermind.org.uk | | | | | | | |
| **Section 8: Client experience**  Please indicate which of the following client groups have you had experience of working with: | | | | | | | |
| **Client group** | | | | | **Brief outline of experience** | | |
| Vulnerable adults | | | | |  | | |
| Vulnerable young people | | | | |  | | |
| Other (please specify) | | | | |  | | |
| **Section 9: Disclosure and Barring Service**  Please provide details of your disclosure and barring service certificate. You may be required to obtain an updated DBS certificate if your current certificate is more than 3 months old | | | | | | | |
| Type please specific (Standard/ Enhanced) | | Date issued | | | | Certificate number | |
| **Section 10: Supporting Statement (max 400 words)**  Briefly outline your skills, knowledge and experiences relevant to the role. | | | | | | | |
|  | | | | | | | |
| **Section 11: Your Availability**  We appreciate that your availability may change over time. Please indicate where you can offer consistent availability.  Please also state the times you are available morning, afternoon or evenings. | | | | | | | |
|  | **Mornings** | | | | **Afternoons** | | **Evenings** |
| Mondays |  | | | |  | |  |
| Tuesdays |  | | | |  | |  |
| Wednesdays |  | | | |  | |  |
| Thursdays |  | | | |  | |  |
| Fridays |  | | | |  | |  |
| Saturdays |  | | | |  | |  |
| **Section 12: References**  **Please provide two professional references.**  **These should be people who can comment on your suitability and professionalism and who you are happy for us to contact.** | | | | | | | |
| **Reference 1** | | | | | **Reference 2** | | |
| Name | | | | | Name | | |
| Telephone | | | | | Telephone | | |
| Email address | | | | | Email address | | |
| Relationship to you | | | | | Relationship to you | | |
| **Section 13: Declaration**  **I declare all information to be correct and accurate** | | | | | | | |
| **Signature:** | | | | | **Date:** | | |
| **Please send your completed Preferred Providers Pre-Qualification questionnaire to** [**sarah.jones@doncastermind.org.uk**](mailto:sarah.jones@doncastermind.org.uk) **along with the stated supporting documents. We will be in touch to arrange an online meeting to talk more about working with us.**  **Thank you – we look forward to working with you!** | | | | | | | |

