**Doncaster Mind Preferred Provider**

 **Pre-Qualification Questionnaire (PPQ)**

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| **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.** |
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| **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
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| **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
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| **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** **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!** |

