

Conwy Mind Preferred Provider Pre-Qualification Questionnaire (PPQ) for Counselling and Talking Therapies

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			
<p>Please provide copies of your health and safety policy:</p> <ul style="list-style-type: none"> • Risk assessment • Health and Safety Policy or provide confirmation that you will adhere to the Conwy Mind's Health and Safety Policy and Procedures. Relevant policies will be provided should you be added to our Preferred Provider list 			
Section 7: Equal Opportunities			
<p>Please provide a copy of your equal opportunities policy:</p> <ul style="list-style-type: none"> • Equal Opportunities policy/ details of practices you have in place or provide confirmation that you will adhere to the Conwy Minds Equality and Diversity Policy and Procedure. Relevant policies and procedures will be provided should you be added to our Preferred Provider list. 			
Section 8: Client experience			
Please indicate which of the following client groups you have 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:
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Please send your completed Preferred Providers Pre-Qualification questionnaire to recruitment@conwymind.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!