



Research Centre



The University Of Sheffield.

Manchester Academic Health Science Centre

baap

British Association for Counselling & Psychotherapy



ETHOS

Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools

ISRCTN number: ISRCTN10460622

ETHOS Supervisor Demographics

Version 2 19DEC2016

Supervisor code

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Supervisor Demographics

Date of completion

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
DD		MM		YYYY	

What is your age?

What is your gender?

₀₁ Male ₀₂ Female

₇₇ Other (describe) _____

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Supervisor Demographics (Continued)

What is your ethnic group? (please tick one answer)

White

₀₁ English/Welsh/Scottish/Northern Irish/British₀₂ Irish₀₃ Gypsy or Irish Traveller₀₄ Any other White background,

describe _____

Mixed/Multiple ethnic groups

₀₅ White and Black Caribbean₀₆ White and Black African₀₇ White and Asian₀₈ Any other Mixed/Multiple ethnic background,

describe _____

Asian/Asian British

₀₉ Indian₁₀ Pakistani₁₁ Bangladeshi₁₂ Chinese₁₃ Any other Asian background,

describe _____

Black/African/Caribbean/Black British

₁₄ African₁₅ Caribbean₁₆ Any other Black/African/Caribbean background,

describe _____

Other Ethnic group

₁₇ Arab₇₇ Any other ethnic group,

describe _____

Do you have a disability? ₀₀ No ₀₁ Yes

If Yes, specify _____

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Your training programme(s)**What was the title, institute, start date and end date of your principal professional counsellor/psychotherapy training programme?**

Title

Institute

Start date

DD
MM
YYYY

End date

DD
MM
YYYY**At what level was this training?** (please tick one only)

- ₀₁ Level 5 (Dip. HE/FE)
- ₀₂ Level 6 (Bachelor's degree)
- ₀₃ Level 7 (Master's degree)
- ₀₄ Level 8 (Doctoral degree)
- ₇₇ Other (please describe) _____

What was the orientation of this training? (please tick one or more)

- ₀₁ Humanistic
- ₀₁ Person-centred
- ₀₁ Gestalt
- ₀₁ Transactional analysis
- ₀₁ Integrative
- ₀₁ Eclectic
- ₀₁ Pluralistic
- ₀₁ Psychodynamic/analytic
- ₀₁ Cognitive
- ₀₁ Behavioural
- ₀₁ Cognitive-behavioural
- ₀₁ Systemic
- ₀₁ Other (specify) _____

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Your training programme(s) (...Continued)

What other trainings have you attended relevant to counselling work with young people? (Of two days or more in length) (please give name of training, year, and institution).

Your practice

For how many years have you been qualified as a professional therapist? _____

What is your principal professional identity? (please tick only one)

- ₀₁ Counsellor
- ₀₂ Psychotherapist
- ₀₃ Counselling Psychologist
- ₀₄ Clinical Psychologist
- ₇₇ Other (please specify) _____

What is your principal therapeutic orientation? (tick one only)

- ₀₁ Humanistic
- ₀₂ Person-centred
- ₀₃ Gestalt
- ₀₄ Transactional analysis
- ₀₅ Integrative
- ₀₆ Eclectic
- ₀₇ Pluralistic
- ₀₈ Psychodynamic/analytic
- ₀₉ Cognitive
- ₁₀ Behavioural
- ₁₁ Cognitive-behavioural
- ₁₂ Systemic
- ₇₇ Other (specify) _____

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Your practice (...Continued)

To what extent is your current practice influenced by each of the following orientations?

	Not at all					Greatly	
	Influenced					Influenced	
Humanistic	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Person-centred	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Gestalt	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Transactional analysis	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Integrative	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Eclectic	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Pluralistic	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Psychodynamic/analytic	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Cognitive	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Behavioural	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Cognitive-behavioural	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆
Systemic	<input type="checkbox"/> ₀₀	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆

Your supervision practice

For how many years have you been qualified as a supervisor? _____

Have you been formally trained as a supervisor? If so, please indicate the title, institute, start date and end date of your training, along with any qualifications.
