



Research
Centre



ETHOS

Effectiveness and Cost Effectiveness Trial of Humanistic Counselling in Schools

ISRCTN number: ISRCTN10460622

ETHOS Counsellor Demographics

Version 2 19DEC2016

Counsellor Code

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Counsellor Demographics

Date of completion

DD		MM		YYYY			

What is your age?

What is your gender?

₀₁ Male ₀₂ Female

₇₇ Other (describe)

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Counsellor 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 groups₀₅ White and Black Caribbean₀₆ White and Black African₀₇ White and Asian₀₈ Any other Mixed/Multiple ethnic background,

describe _____

Asian/Asian British₀₉ Indian₁₀ Pakistani₁₁ Bangladeshi₁₂ Chinese₁₃ Any other Asian background,

describe _____

Black/African/Caribbean/Black British₁₄ African₁₅ Caribbean₁₆ Any other Black/African/Caribbean background,

describe _____

Other Ethnic group₁₇ 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 (describe) _____**What was the orientation of this training?** (please tick one or more)₀₁ Humanistic₀₁ Person-centred₀₁ Gestalt₀₁ Transactional analysis₀₁ Integrative₀₁ Eclectic₀₁ Pluralistic₀₁ Psychodynamic/analytic₀₁ Cognitive₀₁ Behavioural₀₁ Cognitive-behavioural₀₁ Systemic₀₁ 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? _____

For how many years have you been working with young people as a counsellor/psychotherapist? _____

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

- ₀₁ Counsellor
- ₀₂ Psychotherapist
- ₀₃ Counselling Psychologist
- ₀₄ Clinical Psychologist
- ₇₇ Other (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						
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