



ADDITIONAL QUESTIONNAIRE PROFESSIONAL LIABILITY/ERRORS AND OMISSIONS

PERSONAL COUNSELLORS/SOCIAL WORKERS/THEOLOGISTS

1. Name of Applicant: _____

2. Please provided a breakdown of your services:

Addictions/Substance Abuse	%	Marital/Couples	%
Bereavement/Grief	%	Medical/Health Concerns	%
Career Counselling	%	Physical/Sexual Abuse	%
Credit Counselling	%	Sexuality	%
Emotional/Psychological	%	Stress	%
Family	%	Workplace Issues	%
Financial Planning	%	Other (describe: _____)	%

3. What percentage of your clients are:

Adults (over 18)	%
Youth (13-18)	%
Children (under 13)	%

4. Do any of your services involve overnight counselling or observation? Yes No

If Yes, please describe those services:

5. Do your services involve the relocation of clients to either foster care homes or permanent adoptive homes? Yes No

If Yes, please explain briefly:

SIGNED AND DATED this _____ day of _____

Signature