

CONFIDENTIAL

Please print or write legibly in ink
or type on separate pages. Thank you.

PERSONAL REVIEW

A Questionnaire
for use in
Career Development and Planning

Name _____

Address _____

Phone Number _____

E-mail address _____

Date _____

Return to:

MINISTRY DEVELOPMENT SERVICES

Presbyterian Samaritan Counseling Center

5203 Sharon Road

Charlotte, NC 28210

704-554-9222

704-554-9956 (fax)

mds@presbyteriansamaritan.org

GENERAL INSTRUCTIONS

The focus of this questionnaire is on significant and relevant information about you which is important in career planning. You are asked to answer each part carefully and completely. It will help you, and the counselor who will be working with you, understand more clearly the significant aspects of your life as they relate to occupational decision-making.

Please write legibly or type your responses. Attach additional sheets, if needed.

PART I - BIOGRAPHICAL DATA

1. Date of birth_____ Place of birth_____
2. Sex_____ Marital status: Single_____ Married_____ Divorced_____ Widowed_____ Separated_____ If married, date of marriage_____ Race/Ethnic_____
3. Date of Certification, Licensure, Ordination, etc. (if applicable)_____
4. Religious affiliation_____ Name of congregation/church of which you are a member_____ City, state_____
5. Present position_____
6. Father's occupation_____ Level of Education_____ Mother's occupation_____ Level of Education_____
7. Mother: Living_____ Deceased____ Father: Living_____ Deceased____
8. If married, name of spouse_____ Occupation_____ Level of Education_____ Ages of Children: Males_____ Females_____ (if applicable) _____
9. List your brothers (B) and sisters (S) chronologically, beginning with the oldest and indicating yourself (SF). If any are deceased, place (D) after their age at time of death.

B, S, SF

AGE

OCCUPATION

PART IV - EDUCATIONAL HISTORY

12. Please list all educational experiences since high school in which you were involved in a degree program, whether you received the degree or not.

Dates	Institution	Major	Degree Received	Average grade

13. Please list significant Continuing Education experiences since college.

Dates	Institution or Setting	Emphasis

18. In what ways would you like to see your career offer more personal satisfaction in the future than it has in the past?

19. In which areas of your work do you feel you perform best?

20. What other roles or types of work have you considered or would you consider? Why?

21. What skills or attributes would you like to develop to a greater degree?

22. As you reflect on your responses to the previous question, what thoughts, feelings, or questions come to mind?

23. What goals and expectations do you have for your visit to the Center?

24. How did you come to CPCS? (Referral by minister, counselor, friend, relative, yellow pages, etc.) Please give name of the party who referred you, if any.

25. Please estimate the time spent thinking about and answering this questionnaire.

Policies of the Charlotte Center of the Career and Personal Counseling Service are guided by the ethical codes of the American Association of Counseling and Development. This means that all information is confidential and will not be disclosed to anyone without the client's written permission. Client records will be kept on file and are accessible to the client upon request and after identification is verified.

Have you received previous counseling from a counselor, therapist, or minister, or consulted any other career counselor? Yes_____ No_____ If yes, please describe briefly:

In order to serve you best, we request your permission to exchange information with the primary person who has counseled you. Please complete and return the following consent form.

CONSENT FORM

MINISTRY DEVELOPMENT SERVICES

Presbyterian Samaritan Counseling Center

5203 Sharon Road

Charlotte, NC 28210

Tel: (704) 554-9222 Fax: (704) 554-9956

mds@presbyteriansamaritan.org

I hereby authorize (counselor) _____ to release specified information in my client record to MINISTRY DEVELOPMENT SERVICES of PSCC.

This shall include (nature and extent of data) _____

Specified purpose _____

This consent shall be valid for (length of time up to one year) _____

Other information _____.

* * * * *

I hereby authorize MINISTRY DEVELOPMENT SERVICES of PSCC to release specified information in my client file to (counselor) _____.

This shall include (nature and extent of data) _____

Specified purpose _____

This consent shall be valid for (length of time up to one year) _____. Other information _____

I understand the contents to be released, the need for information, and that there are statutes and regulations protecting the confidentiality of authorized information. I hereby acknowledge that this consent is truly voluntary and is valid until such request is fulfilled. I further understand that I may revoke this consent at any time except to the extent that action based on this consent has been taken.

Signature of Client

Counselor named above

Address of Client

Address of Counselor

Telephone

Telephone

Date