



4950 S. Apopka-
Vineland Road
Orlando, FL 32819
(407) 342-3559
debbie@
daringsoulcare.com

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CONSULTANCY INQUIRY

Candidate Information

Name: _____ Date: _____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Preferred email address: _____

License you practice under: _____

Areas of specialty or emphasis: _____

I am interested in:

- individual consultations
- a contract for 5 consultations
- group consultations
- a contract for 10 consultations
- a combination of group and individual consultations

Vision and Experience with The Daring Way™

Please tell me a little about your vision to implement this work with your client population.

How do you connect with this work personally and professionally?

Which training(s) have you attended?

Have you attended any Connections or The Daring Way™ groups or intensives for your own personal therapy/work? If yes, please describe. If no, please indicate if you are planning to do so.



Daring
Soul Care

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What Daring Next Steps did you identify for yourself as you completed your National Training?

Expectations for Consultation

What are your hopes and goals for your consultation experience?

What do you think you will need from a consultant to support you in achieving your goals?

What do you consider to be your strengths, personally and professionally?

What else would be helpful for me to know about you?

What questions do you have about working with me in the consultation process?

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CONSULTANCY INQUIRY

What are your preferred day(s) and time(s) to have consultation appointments?

Are you able to do consultation by: (check all that apply)

- Phone
- FaceTime
- Skype

Do you understand that the content of our consultation sessions will be kept confidential except:

- as limited by my requirements as a mandatory reporter of abuse or threat of harm to self or others;
- where confidentiality would violate local, state or federal law; and
- the information sharing required with The Daring Way™ staff to assess your mastery of the material and progress toward certification

Yes No

Cancellation Policy: I have a 24 hour cancellation policy. There is grace for illness and extenuating circumstances. If you are not sure if your cancellation will involve a charge, please reach out to me to discuss your options. Often, if I can reschedule your consultation in the same week, there will not be a charge.