



## COSCA REGISTER OF COUNSELLORS AND PSYCHOTHERAPISTS

### PROFILE OF COSCA REGISTRANT

**Please note:**

Under Data Protection legislation COSCA requires your consent for entry of your personal data on the COSCA Register of Counsellors and Psychotherapists. Please see COSCA Privacy Notice – [www.cosca.org.uk](http://www.cosca.org.uk). This form is:

- ✓ part of the membership application and requires **to be signed and dated** and returned with the application for membership
- ✓ to be used for the updating of your profile on the Register
- This Register is Accredited by the Professional Standards Authority - [www.professionalstandards.org.uk/accredited-registers](http://www.professionalstandards.org.uk/accredited-registers)
- Entry of data on the Register is mandatory for all eligible members who meet the Register's requirements for entry
- The Register can be accessed on [www.cosca.org.uk](http://www.cosca.org.uk) and information about the contents of entry on the Register are contained in the 'About the Register & Registrants' section of the Register. It is important that all applicants for membership make themselves aware of these contents before applying.
- Please also see COSCA's Mandatory Registration and Opting Out Policies on [www.cosca.org.uk](http://www.cosca.org.uk).

To be eligible for entry of your data on the Register, members need to hold one of the following registrant categories:

- COUNSELLOR MEMBER (ORGANISATIONS)
- COUNSELLOR MEMBER
- PRACTITIONER MEMBER
- ACCREDITED COUNSELLOR/PSYCHOTHERAPIST MEMBER OF COSCA

**COSCA reserves the right to edit the content of this form.**

**The following section is mandatory and requires to be completed.**

MANDATORY INFORMATION	
<i>Registrant Name</i>	
<i>Registrant (membership) Category</i>	
<i>Registration (membership) Number (if known)</i>	

Although completion of the following section is optional, **this form requires to be signed and to be dated** and returned in its entirety with the application for membership.

COSCA strongly encourages you to complete the remainder of the form. **This will enable the public to access your counselling and/or psychotherapy service through name, postcode and areas of interest searches.**

<b>OPTIONAL INFORMATION</b>	
<b>Primary Contact Details:</b> Please provide name and address in the sections below.	
<i>Name of Practice (if appropriate)</i>	
<i>Address:</i>	
<i>Street</i>	
<i>Town</i>	
<i>City</i>	
<i>Post Code</i>	
<i>Telephone Number</i>	
<i>Mobile Number</i>	
<i>Email Address</i>	
<i>Website Address (own website or place of work website)</i>	
<i>Support Provided, i.e. Individuals, Couples, Groups, Young People, Counselling to Blind/Deaf Community, BME Community, etc.</i>	
<i>Theoretical Approach</i>	
<i>Accessibility to Premises</i>	
<i>Areas of Interest</i>	
<i>Languages Used</i>	
<i>Fees Charged/Donations Accepted/Concessions</i>	

<b>MANDATORY REQUIREMENT:</b>	
Signed	
Please Print Name	
Date	