



**COSCA (Counselling & Psychotherapy in Scotland)**  
**16 Melville Terrace | Stirling | FK8 2NE**  
**t: 01786 475 140 f: 01786 446 207**  
**e: [info@cosca.org.uk](mailto:info@cosca.org.uk) w: [www.cosca.org.uk](http://www.cosca.org.uk)**

## **PARTICIPANT INFORMATION REQUEST PROFORMA**

- ✓ COSCA validated course providers can request access to information relating to
  - whether a participant has started a COSCA validated course
  - which parts, if any, have been completed
  - what organisation or agency provided the training.
- ✓ Participants whose names are listed on the database can have access to their own information.
- ✓ Information will only be given to other parties with the written permission of the participant on whom information is requested.

All requests for information must be made in writing either by email or letter, using this ***Participant Information Request Proforma*** [www.cosca.org.uk](http://www.cosca.org.uk) - Validation – General.

Access to the information on participant databases kept by COSCA is accessible through the Administrator at the COSCA Office.

**Please complete the attached form.**

**Please also note that there is a £10.00 fee for a replacement certificate. You may pay by cheque or direct to the bank.**

**Cheques should be made payable to: COSCA (Counselling & Psychotherapy in Scotland)**

### **Via BACs:**

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Account Name: COSCA (Counselling & Psychotherapy in Scotland)

You require to give your name and DupCert as a bank reference when paying direct to the bank.

## PARTICIPANT INFORMATION REQUEST PROFORMA

|   |  |
|---|--|
| <b>Surname of Participant</b>                       |  |
| <b>First Name of Participant</b>                    |  |
| <b>Date of Birth</b>                                |  |
| <b>Address at time of undertaking training</b>      |  |
| <b>Name of Training Provider</b>                    |  |
| <b>Title of Course Undertaken</b>                   |  |
| <b>Start and Completion Dates of Training</b>       | <i>(In the case of Counselling Skills Course, please indicate dates per Module)</i>              |
| <b>Month/Year of Issue of Certificate</b>           |  |
| <b>Status of Person Requesting Information</b>      | <b>****</b> <i>(participant, training provider, employer, etc.)</i>                              |
| <b>Current Postal Address of Participant</b>        |  |
| <b>Current email Address</b>                        |  |
| <b>Information Requested</b>                        | <i>(If the request is for a duplicate certificate, please enclose £10 fee for this service.)</i> |
| <b>Reason for Request for Duplicate Certificate</b> |  |

**Please Note: IF YOU ARE NOT THE PARTICIPANT OR COSCA VALIDATED PROVIDER, YOU WILL REQUIRE TO OBTAIN WRITTEN PERMISSION FROM THE PARTICIPANT BEFORE COSCA WILL RELEASE INFORMATION FROM THE PARTICIPANT DATABASE.**

**Office Use:**

|   |  |
|---|--|
| Date Database checked                   |  |
| Participant written permission received |  |
| Information given/withheld              |  |
| Award Certificate Issued                |  |
| Award Certificate Reissued              |  |
| Financial Information                   |  |