



COSCA (Counselling & Psychotherapy in Scotland)
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COSCA VALIDATION OF COURSES OFFERING A DIPLOMA IN COUNSELLING/PSYCHOTHERAPY

REPORT OF THE COSCA ASSESSOR

Please indicate where additional information is included and clearly mark all additional paperwork with the relevant Section number.

COSCA ASSESSOR	
Name of COSCA Assessor:	
Address	
Post Code	
Telephone No.	
Email address	
Name of Organisation applying for Validation	
Contact Person within the organisation	
Dates of Contact with the Applicant	
Date of Submission of the Report to COSCA	
Title of the Course:	

Date of Receipt:	
Date to CVP:	

1. BACKGROUND INFORMATION (Please refer to Section 1 of the Guidelines)

1.1 Do you have any concerns regarding the basic and organisational pre-requirements as set down in 1.3 of the Guidelines?

1.2 Are the setting and resources sufficient for the course to be run to your satisfaction?

1.3 Does the organisation provide a safe learning environment for the diploma training?

1.4 Were participants aware of the COSCA Assessor's role and how to contact her/him?

2. DIPLOMA COURSE REQUIREMENTS (Please refer to Section 2 of the Guidelines)

2.1 Ethics and Code of Practice

Does the delivery of the course refer to and work within the COSCA Statement of Ethics and Code of Practice?

2.3 Course Aims and Learning Outcomes (Please refer to 2.3 of the Guidelines)

2.3.1 How effective is the course in meeting the Aims and Learning Outcomes?

2.3.2 Did the participants receive detailed information on the Aims and Learning Outcomes?

2.4 Course Structure

2.4.1. What was the timing and spacing of the course, e.g., number of full days, weekends, evenings, etc?

2.4.2 Was the balance of the course satisfactory?

2.4.3 Was there sufficient time to allow all the material to be delivered?

2.4.4 Do you have any concerns regarding the course structure?

2.5 Selection of Participants

2.5.1 How was the applicants' selection procedure implemented?

2.5.2 APL/APEL

How suitable is the APL/APEL system in establishing the equivalence of previous non- COSCA training to the COSCA Counselling Skills Certificate Course?

2.6 Core Course Content

2.6.1 What methods of assessment were used in skills work?

2.6.2 Please comment on the effectiveness of skills training on the course.

2.6.3 How effective is the theoretical component of the course?

- Relevance and application of theory to client/counsellor relationships

- Counselling process and theories informing counselling practice and counselling approaches

- Core theoretical base available and information on course orientation and its inclusion in delivery and structure

- Balanced and broadly based theoretical content

- Counselling process conceptualised as required

- Multiple perspectives on human development and developmental problems

- Teaching and assessing of knowledge of different models of psychopathology

2.6.4 What was the stated rationale of the personal development aspect of the course (e.g. “the reflective practitioner”)?

2.6.5 Is the personal development work suitable in helping participants develop self-awareness in a safe environment?

2.6.6 Are trainers given the opportunity to develop self-awareness in relation to others in group and individual situations?

2.6.7 Do you have any concerns regarding the facilitation of self-development work on the course?

2.5.8. How effective is the course in raising awareness of the professional responsibilities of counsellors?

2.7 Counselling Practice Supervision

2.7.1 Please list the names of counselling practice supervisors used on the course.

2.7.2 Did you meet with the counselling practice supervisors?

2.7.3 Please comment on the suitability of each of the supervisors used on the course based on the criteria stated.

2.7.4 What was the ratio of supervision of counselling practice on the course?

2.7.5 Please comment on the arrangements and suitability of supervised practice placement.

2.7.6 Please comment on the counselling practice supervision offered on the course.

2.8 Trainers

2.8.1 Please name and comment on the suitability (as per the Diploma Guidelines and Procedures) of the core trainers involved on the course.

2.8.2 Please comment on your meeting(s) with trainers involved on the course

2.8.3 How effectively did the trainers work as a team in delivery of the course?

2.8.4 What was the ratio of trainer:participants?

2.8.5 Please comment on how familiar trainers were with the aims, objectives and content of the course and with the methods of delivery and assessment.

2.8.6 If personal tutors were engaged, how effectively did the training organisation support and assist in the integration of participants' learning and address any course related difficulties?

2.7.7 Please comment on the trainers' delivery of the course.

2.9 Optional Course Content

Please comment on any optional course content.

3.1 PARTICIPANT ASSESSMENT (Please refer to Section 3 of the Guidelines)

3.1.1 What methods of assessment were used?

3.1.2 What assessment evidence did you observe/see evidence of?

3.1.3 Did you consider that the participants were equally and fairly treated in this process of assessment?

3.1.4 Were the trainers in agreement regarding assessment outcomes?

3.2 Core Components

Please comment on the assessment of core components of the course.

3.2 Optional Component

How is the optional work assessed?

3.4 Assessment

3.4.1 Are the assessor(s) involved in this part of the course suitably qualified to carry out assessment in the relevant areas?

3.4.2 Are external assessors engaged by the organisation to support the assessment of the optional components? (Please give the name and work address of any assessor(s).)

3.5 Attendance

Please comment on the level of attendance of participants during the period of delivery of the course.

4 ADDITIONAL COMMENTS

Please comment on any concerns, specific issues or any particular aspect of the course you wish to draw to the attention of the CVP.

5 RECOMMENDATIONS AND CONCLUSIONS

Please state whether you recommend that this course should receive Full Validation. If you decide not to recommend the course for Full Validation, please state your reasons below.

Signature of COSCA Assessor:

Name (Please print):

Date: