



COSCA (Counselling & Psychotherapy in Scotland)

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COSCA VALIDATION APPLICATION TO CHANGE EXISTING DELIVERY

This application is for COSCA validated organisations wishing to change their existing course validation e.g. delivery, setting, content or personnel.

1. Details of COSCA Validated Organisation

Name:

Address:

Postcode:

Telephone:

Email:

2. Proposed Changes to Delivery, Setting, Content or Personnel.

Please describe.

3. Title of Validated Course:

Please give precise title of validated course to be extended

4. Course Aims and Objectives

Please outline any proposed changes to the course aims and objectives.

5. Course Structure

Please outline any proposed changes to the course structure.

6. Selection of Participants

Please describe how participants will be selected.

7. Course Content

Please include comment on any proposed changes to the course in the following areas:

- Language
- Skills and counselling practice
- Theory/core orientation
- Self-awareness and personal development
- Professional responsibilities

Supervised practice

8. Organisation, Monitoring and Supervision of practical placement

Please describe how participants' practical placements will be organised, monitored and supervised.

9. Trainers

Please include:

- The names of the core trainer(s) and indicate if they are accredited by COSCA or an equivalent professional body as trainers and/or counsellors
- The ratio of trainer(s):participants that will be maintained on the course
- Comment on the facilities for the support and supervision of the trainer(s)
- Comment on any changes to the suitability of the trainer(s), e.g. crimes committed, disciplinary action taken, etc.

10. Registration of Participants

Please describe how the names and addresses of all those completing the Course will be registered with COSCA.

11. Declaration

I declare that:

- The above named organisation applies for the COSCA Course Validation, which it currently holds for the above named course, to be changed as detailed above.
- The above named organisation agrees to abide by COSCA's Course Validation Guidelines and Procedures for the delivery of the above course in the above location
- To the best of my knowledge and belief the information provided in this application is correct
- I understand that a failure to disclose relevant information in this application, during the process or during the period of validation can lead to termination of the course validation by COSCA
- I have the authority of the above named organisation to apply to COSCA for this extension of its validation
- I have submitted FIVE copies of this application to the COSCA office.

Signed:

Print Name:

Position in Organisation:

Date: