



COSCA (Counselling & Psychotherapy in Scotland)
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COSCA TRAINER ACCREDITATION

APPLICATION

Transferring from Certificate to Diploma Level

Please read the Accreditation of Trainers at Diploma Level Delivering Diploma Courses in Counselling / Specialist Courses (Diploma Level) - Guidelines and Criteria in order to complete this application – www.cosca.org.uk – Accreditation – Trainer. Applicants are required to use the current Guidelines and Application Forms

PART I: PERSONAL DETAILS
Surname
Forename(s)
Title
Address
Post Code
Email
COSCA membership Number and category

COSCA Accreditation as a Trainer at Certificate Level:
 Current: Lapsed over 2 years

Please use **Appendix A** in this document: **Application Elements Checklist** to check that you have submitted all the evidence required for each criteria stated in the COSCA Accreditation of Trainers Transferring from Certificate to Diploma Level Guidelines and Criteria.

You are requested to make clear where that evidence is to be found in your submission.

Office Use	
Date Received	
Payment	

PART II: SUBMISSION CHECKLIST

I have checked the following:

- I have submitted all the required evidence to support each criteria
- All the evidence is accurately labelled with the appropriate reference numbers
- My application has been verified
- I have read, signed and dated the declaration below
- I am submitting 5 copies of my application
- I have enclosed the current Trainer Accreditation fee

PART III: DECLARATION

I declare that:

- I am applying to transfer from COSCA Trainer Accreditation at Counselling Skills Level to COSCA Counselling Diploma Level and agree to abide by the Guidelines and Procedures for the COSCA Accreditation of Trainers Transferring from Certificate to Diploma Level, to be bound by COSCA's Memorandum and Articles of Association, and to abide by COSCA's Statement of Ethics and Code of Practice
- The evidence I have submitted gives an accurate portrayal of my training and experience in counselling.
- I will inform COSCA of all successful or pending criminal, civil, complaint or disciplinary proceedings brought against me in the future which are relevant to my involvement with counselling skills training
- I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for Trainer Accreditation.
- I have a minimum of £1million public and professional liability insurance cover for all my counselling work
- To the best of my knowledge and belief the information provided in this application is correct and I understand that a failure to disclose on application or during the period of Trainer Accreditation can lead to termination of my Trainer Accreditation and COSCA Membership.
- I will comply with COSCA's arrangements for handling complaints and concerns. (If you wish a copy of COSCA Complaints Procedure, please contact the COSCA office.)

Print Name:

Signature:

Date:

APPENDIX A: APPLICATION ELEMENTS CHECKLIST

COSCA Accreditation of Trainers Transferring from Certificate to Diploma Level

Criteria	Evidence	Included (tick) ** see below
1.0 Application	Application form and cheque One original and four copies of application	
2.1 Membership of COSCA	Membership category and number	
2.2 Application Form	Application form completed	
2.3 Counselling Qualifications	COSCA Diploma in Counselling or equivalent Practitioner Membership of COSCA	
2.4 Counselling Training Experience: Trainers Delivering Diploma Courses in Counselling OR 2.5 Counselling Training Experience: Trainers Delivering Specialist Courses (Diploma Level)	Significant involvement in delivery of training Evidence of support available and reflection on it Significant involvement in delivery of a COSCA Validated/Initially Validated Specialist Course (Diploma Level) Evidence of support available and reflection on it	
2.6 Professional Development	Accreditation at Certificate Level (current or lapsed) If lapsed over two years, a statement (500 words maximum)	
2.7 Supervision of Training Practice	Supervision of Training Practice Name of Individual Supervisor	
2.8 Trainer Qualifications	Accreditation at Certificate Level (current or lapsed) ➤ Trainer Qualifications	

**** Please include in the end column the appropriate page number from your application.**

**APPENDIX B: COUNSELLING TRAINING EXPERIENCE – TRAINERS
DELIVERING DIPLOMA COURSES IN COUNSELLING**

**COSCA Accreditation of Trainers
Transferring from Certificate to Diploma Level**

Complete the table below with the number of hours you have completed for each of the nine elements.

You must meet the minimum number of hours for at least five elements.

Element	Number of Hours
Writing and managing the programme (including selection of the syllabus) (min. 178 hours)	
Teaching theory (in 'classroom' conditions) (min. 45 hours)	
Leading skills training sessions (e.g. Triads) (min. 60 hours)	
Tutoring (e.g. for written assignments), including marking (min. 120 hours)	
Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants (min. 150 hours)	
Co-ordinating or organising placements and relating to managers (min. 50 hours)	
Co-ordinating experiential groups which are an integral part of the course (min. 90 hours)	
Taking part in formal assessment procedures (min. 192 hours)	
Giving continuous feed-back on personal and professional development to participants (min. 120 hours)	

You are required to provide the following:

- Evidence of your training practice for each of the above elements (maximum 300 words per element)
- Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given

**APPENDIX C: COUNSELLING TRAINING EXPERIENCE:
TRAINERS DELIVERING SPECIALIST COURSES
(DIPLOMA LEVEL)**

**COSCA Accreditation of Trainers
Transferring from Certificate to Diploma Level**

Complete the table below with the number of hours you have completed for your selected elements (five minimum).

You must have completed at least 400 hours in total.

Element	Number of Hours
Writing and managing the programme (including selection of the syllabus)	
Teaching theory (in 'classroom' conditions)	
Leading skills training sessions (e.g. Triads)	
Tutoring (e.g. for written assignments), including marking	
Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants	
Co-ordinating or organising placements and relating to managers	
Co-ordinating experiential groups which are an integral part of the course	
Taking part in formal assessment procedures	
Giving continuous feed-back on personal and professional development to participants	

You are required to provide the following:

- Evidence of your training practice for each of your selected elements (maximum 300 words per element)
- Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given

APPENDIX D: PROFESSIONAL DEVELOPMENT**COSCA Accreditation of Trainers
Transferring from Certificate to Diploma Level**

If applicants are currently COSCA accredited as a trainer at Certificate Level, you are not required to complete Appendix D. Please state in the application form that your accreditation at Certificate Level is currently valid.

You require 18 hours (or more) of Continuous Professional Development a year for the past two years.

Dates Year 1	No. of hours	Dates Year 2	No. of Hours	Type of Activity/Experience	Outcomes Achieved

Total Number of Professional Development Hours:

Year 1:

Year 2:

APPENDIX E: VERIFICATION OF APPLICATION

Application for Trainer Accreditation Transferring from Certificate to Diploma Level

1. Applicant's Name:

Please enter your name below and type of course being delivered and pass this form with your complete application to a suitable verifier.

Name:

Verifier:

The applicant named above is intending to apply to COSCA for the transfer of accreditation as a trainer from Certificate Level to Diploma Level. Please read her/his complete application and complete the statement below if appropriate.

I declare that I have read the attached application and confirm that it accurately reflects the knowledge, skills and experience of the applicant named above.

Name of Verifier

Position held

Address of Verifier

Post Code

Telephone Number

Email address

Signature of Verifier

Date

Payment

This annual renewal of counsellor/psychotherapy accreditation form requires to be submitted together with your membership renewal application form and the appropriate fee (to be found on the membership renewal application form). A membership renewal package is sent to your 4 weeks prior to membership renewal date.

Please note that payment requires to be made before membership and renewal of accreditation is confirmed.

I am paying the amount of:

Direct to Bank:

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Cheque enclosed

Invoice required

please add £2.00 service charge

Please give invoice details if different from your own details