

COSCA Counsellor and Psychotherapist Accreditation

COMBINATION ROUTE APPLICATION

The **Combination Route to COSCA Counsellor Accreditation** is for counsellors/psychotherapists who have been working for several years, who have not completed a COSCA validated diploma or equivalent, but who have some formal core training, such as offered within an agency/organisation, and have significant practical experience.

This is the **Application for COSCA Counsellor/Psychotherapist Accreditation through the COMBINATION ROUTE.**

Guidelines for the completion of this **Application** can be found on – www.cosca.org.uk
– Accreditation – Counsellor – Combination Route Guidelines

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APPENDIX A (i): APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION

PART I: Personal Details

Please indicate the date of the Guidelines to which your application refers. The Guidelines and Application Form used should be the most up to date version. These can be found on the COSCA website: www.cosca.org.uk

Surname

Forename(s)

Address

Post Code

Telephone:

Email:

Practitioner Membership Reference Number:

Have you previously applied for COSCA Counsellor/Psychotherapist Accreditation?

YES

NO

If YES, please give date

Counsellor Accreditation Workshops

Please confirm if you have:

Attended the COSCA Counsellor Accreditation System Workshop

Viewed the COSCA Counsellor Accreditation System Online Workshop Video

Office Use

Date Received

Payment

Counselling/Psychotherapy Orientation(s)

APPENDIX A (i): APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION

Part III: Declaration

I declare that:

1. I am applying for COSCA Counsellor/Psychotherapist Accreditation, and agree to abide by COSCA's Guidelines and Criteria for the Accreditation of Counsellors and Psychotherapists, to be bound by COSCA's Memorandum and Articles of Association, and to abide by COSCA's Statement of Ethics and Code of Practice.
2. The evidence I have submitted gives an accurate portrayal of my training, practice, supervision and personal development in counselling.
3. I will inform COSCA of all criminal, civil, complaint or disciplinary proceedings brought against me in the future, which are relevant to my involvement with counselling.
4. I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for Counsellor/Psychotherapist Accreditation.
5. I have appropriate and adequate public and professional liability insurance cover for all my counselling/psychotherapy work.
6. 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 Accreditation, can lead to termination of my Counsellor/Psychotherapy Accreditation and COSCA Membership.
7. 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.)
8. I agree to my details being published in the COSCA Journal *Counselling in Scotland* on being awarded COSCA Counsellor/Psychotherapy Accreditation.

YES

NO

Print Name:

Signature:

Date:

APPENDIX A (ii): SUMMARY OF UNITS

Criteria	No. of Individual Units	Total No. of Units
Counselling/psychotherapy practice. 1 year of supervised and verified practice (minimum 90 client hours/year).	= 1 unit	
Core training – 300 cumulative hours of formal counselling/psychotherapy training, with the cohesive core of the training taking place within 5 years	= 4 units	
Further counselling/psychotherapy training – a coherent block of 75 hours of training.	= 1 unit	
		Equals: 10 Units

Please note that all applicants must have completed 300 hours of core training (= 4 units) and a minimum of 450 supervised client contact hours.

COSCA Reference:

APPENDIX B: SUBMISSION CHECKLIST

****The Guidelines to assist with the completion of this Application can be found on www.cosca.org.uk – Accreditation - Counsellor**
Please include the appropriate page number from your application.

	Content	Relevant page in the Guidelines Document**	Appendices for submission * see below	Included (tick)
1. Applicant's Details	Applicant's Personal Details		A (i)	
	Summary of Units		A (ii)	
2. Submission Checklist	Submission Checklist	Page 9	B	
3. Core Training/Theoretical Knowledge	Evidence of Core Training	Page 10		
	Copies of Certificates	Page 10		
	Core Orientation Statement	Page 12		
4. Therapeutic Alliance	1000 word Therapeutic Alliance Statement	Page 12		
5. Practice	Practice Log: Summary of Recent Period of Work	Page 12		
	Practice Log: Summary of Annual Practice Hours	Page 13	C	
	Career Break	Page 13		
	Summary of Recent Work	Page 13	D	
	Frequency of Client Contact	Page 13	E	
	Assessment Skills and Referral System Statement	Page 14		
	Work Setting and Arrangements Statement	Page 14		
	Evidence of Insurance	Page 14		
	Case Study/ies Transcript	Page 15	F	
6. Supervision	Supervision History	Page 16	G	
	Current Supervision	Page 17	G	
	Supervisor's Report	Page 17	H	
7. Continuing Professional Development	Evidence of CPD over last 3 years	Page 18		
8. Reflective Practitioner	Personal Development Statement	Page 19		
9. Ethics	Evidence of Practitioner Membership of COSCA	Page 20	A	

COSCA Reference:

APPENDIX C: PRACTICE LOG: SUMMARY OF ANNUAL PRACTICE HOURS

Year	Number of Practice Hours	Work Setting
Example: 2010	90 + 45	<i>Agency + private</i>

Examples of work settings:

- ✓ NHS
- ✓ Private/independent
- ✓ Statutory agency – i.e. prison, school
- ✓ Voluntary counselling service

COSCA Reference:

APPENDIX D: PRACTICE LOG: SUMMARY OF RECENT PERIOD OF WORK

This table illustrates how the information might be shown.

Week	Date	Client Details			Session Number	Session Length	Focus of Session	Private Agency Other
		Ref No.	Gender	Age				
Week 1	1.2.00	1	F	40	1	50 mins	Distress at loss of husband	Agency 1*
		2	F	46	6	50 mins	Fear of being alone	Private
		3	M	37	5	50 mins	Wanting to leave partner	Agency 2*
	2.2.00	4	F	28	20	50 mins	Working towards ending	Agency 1*
		5	F & M	40 + 41	10	50 mins	Separating	Private
Week 2	8.2.00	1			2	50 mins	Anxiety at responsibilities	Agency 2*
		2			7	50 mins	Strategies of support	Agency 1*
		3			6	50 mins	Last session, ending issues	Agency 1*
	9.2.00	4			21	50 mins	Non attendance	Private
	Etc.	Etc.			Etc.	Etc.	Etc.	

* Agency 1 = Bereavement Counselling Centre

* Agency 2 = Relationship

COSCA Reference:

Over the past year, how many clients have you seen?

Weekly

Twice or more weekly

Fortnightly

Infrequently

During the past year, how many clients have you seen for periods up to:

2 months or less

3 – 5 months

6 – 12 months

12 – 24 months

More than 24 months

COSCA Reference:

How many clients in your counselling/psychotherapy career have you seen for more than 2 years?

This form assists the Accreditation Panel by providing an overview of your work and by giving evidence by which congruence with skills, training and practice can be judged. It is not intended to discriminate against those who specialise in either short or long-term work.

COSCA Reference:

APPENDIX F: TRANSCRIPT PROFORMA

Please provide:

- a 10 – 15 minute transcript from a session with the client(s) cited in the case study
- a considered reflection and analysis on the transcript

The written reflection and analysis should demonstrate:

- what was going on for you as a counsellor/psychotherapist
- what kind of remarks you made as a counsellor/psychotherapist
- why you made them
- the broader rationale for the choice of your intervention.

Clearly the content and issues arising within the transcript will be unique and will not necessarily provide the opportunity to demonstrate all of your competencies as a counsellor. However, the task is to demonstrate your abilities in all areas so that you are urged to use what does arise to the best advantage.

Sample

Applicant's Name:

Time	Dialogue	Process	Evaluation

Time: Please state where in session the excerpt is taken from. (Tape timings may be used).

Terms: Please use the terms CO for Counsellor/Psychotherapist and CL for Client. To differentiate between the counsellor/client dialogue, please use ***bold italic*** for Counsellor/Psychotherapist dialogue.

Process: In this column please state what counsellor intervention/skill was used.

Evaluation: Please evaluate effectiveness or non-effectiveness of intervention.

Tape: Please retain a copy of your tape until you are satisfied it will not be required as part of your evidence. The Panel has the right to request a copy to listen to, if it is considered to be helpful for your application. Once you have been awarded Accreditation, all submission evidence is confidentially destroyed.

COSCA Reference:

Supervision History – Supervision Log

Year	No. of Client Hours	Number of Supervision Hours		Ratio
		Individual	Group	

Current Supervision (Individual Supervision)

Current Supervisor

Name:

Duration

Frequency

Previous Supervisor

Name

Duration

Frequency

If you have had additional individual supervisors, please copy this Appendix and complete as appropriate.

COSCA Reference:

Group Supervision
Name of Supervisor
Size of Group
Duration
Frequency

If you have had additional group supervision, please copy this Appendix and complete as appropriate.

COSCA Reference:

It is your Supervisee's responsibility to provide you with:

- ✓ a copy of the COSCA's Guidelines and Criteria for the Accreditation of Counsellors and Psychotherapists
- ✓ the completed Combination Route Application
- ✓ a copy of the COSCA Statement of Ethics and Code of Practice

You are required to provide information on the following:

- that you have line managerial responsibility for the applicant

YES

NO

If YES, please describe below your line management relationship with your supervisee and how you think that it is in line with paragraph 8 on Client-work Supervision in the COSCA Statement of Ethics and Code of Practice

COSCA Reference:

- that you have a) received and b) read COSCA's Guidelines and Criteria for the Accreditation of Counsellors and Psychotherapists

YES

NO

If NO to either a) or b) above, please provide an explanation below.

- that you have a) received and b) read the full counsellor accreditation application of your supervisee

YES

NO

If NO to either a) or b) above, please provide an explanation below.

COSCA Reference:

- that, as far as you know, the application submitted has been completed by your supervisee, including the case study and the transcript of a counselling session

YES

NO

If NO, please provide an explanation below.

- that you consider that the above accreditation application of your supervisee meets all of the criteria for counsellor accreditation, including the criteria for the case study

YES

NO

If NO, please state the specific criteria not met in the accreditation application and give your reason(s) for your view.

COSCA Reference:

- that you have a) checked and b) verified as accurate all original documents submitted with this application, including those relating to the core training and qualifications of the applicant

YES

NO

If NO to either a) or b) above, please provide an explanation below

Where there is insufficient space for your answers, please attach extra sheets as necessary to the relevant pages.

COSCA Reference:

Name of Applicant:

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Supervisor's Details

Surname

Forename(s)

Address

Post Code:

Telephone No:

Email:

Qualifications / training in counselling/psychotherapy and counselling supervision

Please list your qualifications / training, giving names of awarding bodies and dates qualifications/training gained.

COSCA Reference:

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Please state membership of professional body(s)

Your experience in Counsellor/Psychotherapy Supervision

Date of starting work as a Counsellor/Psychotherapist Supervisor:

Number of Supervisees at present

COSCA Reference:

Do you consider that the applicant abides by the COSCA Statement of Ethics and Code of Practice?

YES

NO

If NO, please explain

How long have you been supervising the applicant's work?

Please give your opinion of the present competence of the applicant's work including reference to the applicant's theoretical orientation and how this is applied in the therapeutic relationship.

COSCA Reference:

Do you consider the applicant to be ready at this time for accreditation by COSCA?

YES

NO

If YES, please give your reason(s) below

If No, please give details below.

COSCA Reference:

To be signed by the Supervisor:

I confirm that:

- **The case study, transcript and the application were written by the applicant**
- **I have not line managerial responsibility for the applicant**

Print Name

Signature

Date

COSCA Reference:

Payment

COSCA Counsellor/Psychotherapist Accreditation fee can be found on www.cosca.org.uk – Costings.

The Accreditation Fee requires to be paid prior to submission to the Panel.

I am paying the Accreditation Fee of:

Direct to Bank:

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Date paid to Bank:

Cheque enclosed

Invoice required

Please add £2.00 service charge

Please give invoice details if different from your own details.