

COSCA Counsellor and Psychotherapist Accreditation

Annual Renewal Application

This is the **Application** for the application for **Annual Renewal of COSCA Counsellor/Psychotherapist Accreditation**.

Guidelines for the completion of the **Application for Annual Renewal of COSCA Counsellor/Psychotherapist Accreditation**, can be found on – www.cosca.org.uk – Accreditation – Counsellor – Annual Renewal Guidelines.

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PAYMENT DETAILS



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COSCA Counsellor and Psychotherapist Accreditation

Annual Renewal Application

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

PART I: Personal Details

Surname
Forename(s)
Address
Post Code
Telephone:
Email:
COSCA Membership Reference No:

Period of Renewal of Accreditation:

12 month period:

Office use

Date received	
Payment	

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

Part II: Disclosure

Information given below will not necessarily exclude you from reaccreditation.

1. Have you had membership of any professional counselling/psychotherapy body withdrawn?

YES

NO

If "YES", please give details.

2. Do you have any criminal or civil convictions (spent or unspent) or proceedings pending against you?

YES

NO

If "YES", please give details.

3. Do you have any professional complaint or disciplinary proceeding brought against you, which was successful or is currently pending?

YES

NO

If "YES", please give details.

4. Have you ever been listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

5. Are you currently listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

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

Part III: Declaration

I declare that:

1. I am applying for COSCA Counsellor/Psychotherapist Annual Renewal of Accreditation, and agree to abide by COSCA's Guidelines for the Annual Renewal of 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 practice, supervision and professional 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.)

Print Name:

Signature:

Date:

APPENDIX B:**COUNSELLING/PSYCHOTHERAPY STATEMENT**

1. Total client hours over last 12 months:	
2. Number of Clients seen over past year:	
3. Counselling/Psychotherapy context (e.g. agency/private practice/EAP):	
4. Number of years and year dates of practice as a counsellor/psychotherapist.	
5. Supervision hours for past 12 months:	
• Individual:	
• Group:	
• Peer Group:	
6. Other involvement in Counselling/Psychotherapy field:	
7. If you have taken more than three months out of counselling/psychotherapy practice during the last 12 months please say why:	

This is a true and accurate record of my counselling/psychotherapy practice and supervision hours for the past 12 months.

Print Name:

Signature:

Date:

APPENDIX C: CONTINUING PROFESSIONAL DEVELOPMENT

Continuing professional development activity Undertaken	Hours & Date (& provider if relevant)	Description of how CPD activity improved the quality of your work as a counsellor/psychotherapist, and the benefits to clients.

This is a true and accurate record of my CPD for the past 12 months.

Print Name:

Signature:

Date:

SUPERVISOR'S REPORT**Name of Applicant:**

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Supervisor's Details**For peer group supervision, this can be a member of the peer group.**

Surname

--

Forename(s)

--

Address

--

Post Code:

--

Contact Telephone No.

--

Email:

--

Please tick as appropriate:**Individual Supervisor**

--

Group Supervisor

--

Peer Group member

--

Please provide details of your counselling supervision training and/or experience in counselling supervision.

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Please state which professional body you are a member of.

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SUPERVISOR'S REPORT

Please state which professional body you are a member of.

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

YES

NO

If, NO, please state your reason.

How long have you been supervising the applicant?

How frequently and for how long do you meet with the supervisee?

How frequently and for how long do you meet with the supervisee?

Do you consider the applicant to be a competent practitioner and suitable for annual renewal of accreditation by COSCA?

YES

NO

If NO, please give details.

SUPERVISOR'S REPORT**I confirm that:**

- The application was written by the applicant
- I have no line managerial responsibility for the applicant
- I have read the contents of Appendices B and C

To be signed by the Supervisor:

Print Name

Signature

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.

Direct to Bank:

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Cheque enclosed

Invoice required

Please give invoice details if different from your own details