



**COSCA (Counselling & Psychotherapy in Scotland)**  
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# COSCA Counsellor and Psychotherapist Accreditation

## DIPLOMA ROUTE APPLICATION

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

**Guidelines** for the completion of this **Application** can be found on – [www.cosca.org.uk](http://www.cosca.org.uk) – Accreditation – Counsellor – Diploma Route Guidelines

### CONTENTS

<b>APPENDIX A</b>	Applicant's Personal Details, Disclosure and Declaration
<b>APPENDIX B</b>	Submission Checklist
<b>APPENDIX C</b>	Practice Log: Summary of Annual Practice Hours
<b>APPENDIX D</b>	Practice Log: Summary of Recent Period of Work
<b>APPENDIX E</b>	Frequency of Client Contact
<b>APPENDIX F</b>	Transcript Pro Forma
<b>APPENDIX G</b>	Supervision Sessions
<b>APPENDIX H</b>	Supervisor's Report

### PAYMENT DETAILS

Charity Registered in Scotland No. SC018887  
Charitable Company Limited by Guarantee Registered in Scotland No. 142360  
Accreditation – Counsellor/Psychotherapists Diploma Route Application  
3 October 2017

**APPENDIX A: 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](http://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: APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION

#### Part II: Disclosure

Information given below will not necessarily exclude you from accreditation.

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 Have you had membership of any professional counselling/psychotherapy body withdrawn?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 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 B: SUBMISSION CHECKLIST

**\*\*The Guidelines to assist with the completion of this Application can be found on [www.cosca.org.uk](http://www.cosca.org.uk) – Accreditation - Counsellor**

	Content	Relevant page in the Guidelines Document **	Appendices for submission * see below	Included (tick)
1. Applicant's Details		Page 8	A - Parts I, II and III	
2. Submission Checklist	Applicant's Personal Details	Page 9	B	
3. Core Training/Theoretical Knowledge	Evidence of Core Training	Page 9		
	Copies of Certificates	Page 9		
	Core Orientation Statement	Page 10		
4. Therapeutic Alliance	1000 word Therapeutic Alliance Statement	Page 10		
5. Practice	Practice Log: Summary of Recent Period of Work	Page 11		
	Practice Log: Summary of Total Annual Practice Hours	Page 11	C	
	Career Break	Page 11		
	Summary of Recent Work	Page 11	D	
	Client Time Range	Page 11	E	
	Assessment Skills and Referral System Statement	Page 12		
	Work Setting and Arrangements Statement	Page 12		
	Evidence of Insurance	Page 12		
	Case Study/ies Transcript	Page 13	F	
6. Supervision	Supervision History	Page 14	G	
	Current Supervision	Page 14	G	
	Supervisor's Report	Page 15	H	
7. Continuing Professional Development	Evidence of CPD over last 3 years	Page 16		
8. Reflective Practitioner	Personal Development Statement	Page 16		
9. Ethics	Evidence of Practitioner Membership of COSCA	Page 17	A	

\* Please include the appropriate page number from your application.

<b>APPENDIX C: PRACTICE LOG: SUMMARY OF ANNUAL PRACTICE HOURS</b>		
<b>Year</b>	<b>Number of Practice Hours</b>	<b>Work Setting</b>
<b>Example: 2010</b>	<b>90 + 45</b>	<b>Agency + private</b>

**Examples of work settings:**

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

COSCA Reference:
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## 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 Counselling Centre

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

<b>Applicant's Name:</b>			
<b>Time</b>	<b>Dialogue</b>	<b>Process</b>	<b>Evaluation</b>

**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 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

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 Diploma Route Application
- ✓ a copy of the COSCA Statement of Ethics and Code of Practice

**You are required to confirm the following:**

that you have verified all original documents including those relating to core training and qualifications

that you are familiar with the criteria for the case study

that the case study, transcript and the application being submitted are those of the applicant

that you have no line managerial responsibility for the applicant

that you have read the case study and confirm it reflects the general standard of work of the applicant.

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

COSCA Reference:

**Name of Applicant:**

**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:

**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**

COSCA Reference:



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

**YES**

**NO**

**If No, please give details.**

**To be signed by the Supervisor:**

- **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 fees and resubmission fees, if applicable, can be found on [www.cosca.org.uk](http://www.cosca.org.uk) – Costings.

**Payment requires to be received before the Panel meeting date.**

**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**

Please add £2.00 service charge

**Invoice required**

*Please give invoice details if different from your own details.*