



**COSCA (Counselling & Psychotherapy in Scotland)**  
16 Melville Terrace | Stirling | FK8 2NE  
t: 01786 475 140 f: 01786 446 207  
e: [info@cosca.org.uk](mailto:info@cosca.org.uk) w: [www.cosca.org.uk](http://www.cosca.org.uk)

**Office Use**

Finance	Membership Details
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## **Application for COSCA Membership:**

### **Associate Member**

#### **Notes for Applicants**

***This application is for those involved in the delivery of COSCA Validated counselling skills/specialist courses (Not Diploma level courses).***

- COSCA Members are encouraged to use the COSCA logo - [www.cosca.org.uk](http://www.cosca.org.uk) - Members Info - COSCA Logo Acceptable Use Policy.
- Only COSCA Registrants are entitled to use the Professional Standards Authority Accredited Registers Logo. Student Members, Counselling Skills Members and Associate Members are not entitled to use the Professional Standards Authority Accredited Registers Logo.

#### **1. CONTACT DETAILS**

Surname:

Forename(s):

Title:

Address:

Postcode:

Home telephone No.

Work Telephone No.

Email:

## 2. CURRENT COSCA MEMBERSHIP NUMBER *(if applicable)*:

COSCA membership number:

## 3. COSCA JOURNAL

COSCA will publish your name in the listing of new Members in the COSCA Journal – *Counselling in Scotland*.

## 4. PRIVACY POLICY

We collect personal information from those who apply to become individual members or subscribers and details relating to organisational membership. We also collect information at the time of renewal of membership, when members voluntarily provide feedback to us, and when they complete surveys for us.

We will use this information:

- ✓ to make a decision about your suitability to join COSCA or be a subscriber
- ✓ to maintain our records
- ✓ to inform, on request, third parties concerning whether or not named individuals are currently members or subscribers of COSCA and the category of membership held
- ✓ to send you information about COSCA's work and services
- ✓ to send you information from other organisations and individuals that we consider to be of interest to you.

COSCA will not share your information for marketing purposes with other organisations and individuals. For more information on how we use your information, please see our [Privacy Policy](#) on [www.cosca.org.uk](http://www.cosca.org.uk) - Members Info.

**Publication of Sanctions** – Please refer to the above Privacy Policy for information.

## 5. QUALIFICATIONS AND TRAINING

**5.1** Please give details of your qualifications and training in counselling and psychotherapy  
You need to have completed the COSCA Counselling Skills Certificate Course or equivalent (120 hours tutor contact hours).

Dates of Training:

Training Provider:

Course:

Qualifications Gained:

## 5.2 EVIDENCE OF SUCCESSFUL COMPLETION OF TRAINING

Please provide a copy of the evidence of your successful completion of training in counselling/psychotherapy, such as a copy of Certificate or Diploma awarded. Please note that COSCA will not return evidence supplied.

*Please tick*                      **Evidence enclosed**

## 6. PLEASE GIVE DETAILS OF YOUR CURRENT TRAINING DELIVERY IN COUNSELLING SKILLS OR SPECIALIST COURSES.

Date of commencement of delivery of Training:

Name of Training Provider:

Address of Training Provider:

Title of Course:

## 7. CURRENT MEMBERSHIP OF PROFESSIONAL BODY(S) IN THE FIELD OF COUNSELLING/ PSYCHOTHERAPY

Date of Joining:

Professional Body:

Membership Category:

## 8. REFERENCE

Please provide a reference from someone who can vouch for your involvement with counselling/psychotherapy and that you are suitable to join COSCA as an Associate Member.

***You should ask your referee to send this direct by post to COSCA.***

## 9. CAREER BREAK

COSCA Membership career breaks are open to Associate, Counsellor (Organisations), Counsellor and Practitioner Members. This is a break of up to 1 year from the practice of counselling and/or psychotherapy for members who wish to:

- keep their connection with counselling and psychotherapy during their break from practice
- maintain their counselling network while on a break
- benefit from the special discounted membership fee
- re-instate their current membership with COSCA at the end of their break

Career break members are not required to have counselling supervision, continuing professional development and insurance cover.

Please note that this career break does not apply to COSCA Accredited Trainers or Counsellors for which there is a discrete career break section in the relevant Annual Renewal Forms.

The Career Break application form can be found on [www.cosca.org.uk](http://www.cosca.org.uk) - Membership - Individuals.

To reinstate full COSCA membership following a career break, please use the application form Reinstatement of COSCA membership. This can be found on [www.cosca.org.uk](http://www.cosca.org.uk) - Membership - Individuals.

## 10. PROFESSIONAL PRACTICE

Information given below will not necessarily exclude you from COSCA membership.

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

**YES**

**NO**

If your answer is **YES**, please give details.

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

**YES**

**NO**

If your answer is **YES** to any of the above, 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 your answer is **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**

## 11. MEMBERSHIP FEE

Associate Membership:	£38.00
Associate Membership (reduced rate):	£28.00

### **DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy in Scotland)**

COSCA prefers you to make membership payment by direct payment to COSCA's bank. Please see details below:

**Name of Bank:** Clydesdale Bank PLC, Murray Place, Stirling FK8 2BX  
**Sort Code:** 82 68 05  
**Account Number:** 70174110  
**Account Name:** COSCA (Counselling & Psychotherapy in Scotland)

Please give your name when paying via your bank. If this does not happen, it could be that your payment is not recorded against your personal payment for membership.

I apply for a reduced rate of membership

I am paying direct via the bank                      Date paid:

I enclose a cheque made payable to COSCA.

I require an invoice (£2.00 invoice charge)

*Invoice Address, if different:*

Membership Subscription £                      plus donation £

Invoice Charge £2.00

Total Amount                      £

Address for invoice if different from Section 1.

### **Please note the following:**

- COSCA holds quarterly meetings to approve membership applications. Applicants will be notified of the outcome of their application within 3 weeks of the meeting, unless there are extenuating circumstances.
- Only fully completed applications will be considered by the COSCA Corporate Affairs Group.
- Cheques will be cashed on receipt
- A full refund will be made if the application is not approved.
- Following the award of COSCA membership, no membership fees will be refunded.

## 12. DECLARATION

I declare that:

1. I will abide by COSCA's Statement of Ethics and Code of Practice and the COSCA Memorandum and Articles of Association.
2. the information I have given in support of my application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading or that I have withheld relevant information my application may be disqualified or, if I have already been granted membership, that membership may be revoked.
3. I will comply with COSCA's arrangements for handling complaints and concerns. (COSCA Complaints Procedure can be found on [www.cosca.org.uk](http://www.cosca.org.uk) – Complaints.)
4. 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/psychotherapy.

Please Print Name:

Signature:

Date: