



COSCA (Counselling & Psychotherapy in Scotland)
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Office Use

Finance	Membership Details
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Application for COSCA Membership:
Practitioner Member

Notes for Applicants:

- On awarding of this category of membership, data entry on the **COSCA Register of Counsellors and Psychotherapists is mandatory. The Register is Accredited by the Professional Standards Authority** www.professionalstandards.org.uk/accredited-registers
 Please refer to the entry listing form attached to this application.
- COSCA Members are encouraged to use the COSCA Logo – www.cosca.org.uk - Members Info – COSCA Logo Acceptable Use Policy.
- COSCA Registrants are entitled to use the Professional Standards Authority Accredited Register Logo.

1. CONTACT DETAILS

Surname:

Forename(s):

Title:

Address:

Postcode:

Telephone No:

Work No:

Email:

2. CURRENT COSCA MEMBERSHIP NUMBER (if applicable)

COSCA membership number:

3. MEMBERS OWN COMPLAINTS PROCEDURE

As an Individual Member of COSCA, if you have your own Complaints Procedure, you are required to submit this to COSCA for approval. If you do not have your own Complaints Procedure, you must use COSCA's Complaints Procedure.

Do you have your own Complaints Procedure:

YES

NO

If yes,

Own Complaints Procedure attached

It is a requirement that your Complaints Procedure meets the criteria set by COSCA in the following document – COSCA Standards for Complaints Procedure. Please see www.cosca.org.uk - Complaints.

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 – Members Info.

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

5. COSCA JOURNAL

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

6. PROFESSIONAL PRACTICE

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

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

7. QUALIFICATIONS/TRAINING IN COUNSELLING/PSYCHOTHERAPY AND SUPERVISED COUNSELLING PRACTICE REQUIREMENTS

7.1 QUALIFICATIONS AND TRAINING IN COUNSELLING/PSYCHOTHERAPY

Please give details of your **qualifications and training relevant** to your application.

- Practitioner Members require to have completed a minimum of 300 cumulative contact hours of training in counselling or psychotherapy.
- The cohesive core of the above training needs to take place within a period of 5 years.
- As part of the above training, but not included in the 300 hours, you are required to have a supervised counselling practice placement of not less than 100 hours
- Additional training needs to be in substantial and planned blocks, and clearly progressional from the core training.

Please note that you are eligible to apply for Practitioner Membership **two years post** your core counselling or psychotherapy training/Diploma in counselling.

<i>Dates/Number of Contact Training Hours</i>	<i>Institution/Organisation</i>	<i>Course</i>	<i>Qualification gained</i>

7.2 EVIDENCE OF SUCCESSFUL COMPLETION OF TRAINING.

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

Please tick **Evidence enclosed**

7.3 SUPERVISED COUNSELLING PRACTICE PLACEMENT

As part of the cohesive core training, but not included in the 300 hours of cumulative contact hours, you are required to have had a supervised counselling practice placement with actual clients of not less than 100 hours.

Date(s) of Supervised Counselling Practice Placement(s)	Number of Hours or Supervised Counselling Practice Placement(s)	Name and Address of Organisation where practice placement was obtained

8. EXPERIENCE AS A COUNSELLOR/PSYCHOTHERAPIST

You require a cumulative practice base of 200 hours with an average of 2 hours per week

8.1 PREVIOUS COUNSELLING/PSYCHOTHERAPY PRACTICE

Please evidence the most recent counselling practice first. There is no need to evidence more than the required 200 hours.

<i>Dates</i>	<i>Client Hours</i>	<i>Supervision Hours</i>	<i>Nature and Setting of Counselling/psychotherapy</i>

Total Number of Client Hours:

Total Number of Supervision Hours:

Supervision Ratio:

8.2 CURRENT COUNSELLING PRACTICE BASE

Please give details of your current counselling/psychotherapy practice for the past 3 months.
You require to have a current practice base of at least 8 hours on average per month.

<i>Month</i>	<i>Client Hours</i>	<i>Supervision Hours</i>	<i>Nature and setting of counselling/psychotherapy</i>

Total Number of Client Hours:

Total Number of Supervision Hours:

Supervision Ratio:

9. SUPERVISION

(Please refer to the COSCA Statement of Ethics and Code of Practice, Section 8 for further information on supervisors)

9.1 CONTEXT

Please note that the hours for group supervision are divided by the number in the supervision group and that the group requires to have its own supervisor. At least 65% - 75% of your supervision must be on a one to one basis. Peer group supervision hours are not acceptable here.

You require a supervision ratio of 1:12.

Please give details of your supervision, showing the number of one to one and/or group supervision hours.

Context:

One to one

Group

9.2 CONTACT DETAILS OF CURRENT SUPERVISOR:

Name of Supervisor:

Address:

Postcode:

Telephone No:

Email:

I confirm that I offer one to one supervision to the applicant:

within an organisation

As a private practitioner

Name of Applicant:

Signed by Supervisor:

Date:

How long have you been working with this current Supervisor?

9.3 MEMBERSHIP OF PROFESSIONAL BODY (SUPERVISOR)

Name of Professional Body that your Supervisor is a member of:

Membership Category/Number

10. CONTINUING PROFESSIONAL DEVELOPMENT (CPD) and SELF AWARENESS

CPD is a means of developing oneself professionally. It is also a means of reflecting on and developing one's practice.

You require to have achieved 54 cumulative hours of Continuous Professional Development with an average of 18 hours per annum over the last 3 years. This must be after the successful completion of your core training in counselling or psychotherapy. This category of membership is open to volunteer and paid counsellors, psychotherapists, working in organisations or in private practice, 2 years after successfully completing the above core training.

Please describe what you have done and how this has helped to develop your self awareness, how this has impacted on your practice, and how this has helped you to develop professionally.

CPD can include a wide range of activities and personal experiences, including participation in individual/group therapy or alternatives (creative, restorative pursuits).

<i>Date of Activity/Personal Experience</i>	<i>Type of Activity/Experience</i>	<i>Brief Description of Outcomes</i>

Total Number of CPD Hours:

11. PROFESSIONAL, STATUTORY AND REGULATORY BODIES

Current membership of any Professional, Statutory or Regulatory bodies

<i>Date of Joining</i>	<i>Name of Professional, Statutory or Regulatory body</i>	<i>Membership Category</i>

12. INSURANCE

Please provide the name and contact details of your insurance provider/broker or that of your organisation that covers your practice. You are required to have a minimum of £1 million public liability cover.

<i>please tick:</i>	Own Insurance	Organisation's Insurance
Name of Insurance Provider/Broker:		
Address:		
Telephone No:		
Type of Insurance Cover:		
Amount of Cover:		

13. 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 a Practitioner Member.

You should ask your referee to send this direct to COSCA.

14. 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 for Career Break
- 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 - 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 - Membership - Individuals.

15. COUNSELLOR OR TRAINER ACCREDITATION

Practitioner Membership is a requirement for applying for Counsellor Accreditation or Trainer Accreditation at Diploma level.

It is COSCA's intention to provide you with follow-up support to enable you, if you wish, to apply for accreditation as a counsellor/psychotherapist and/or trainer (diploma level).

Please indicate whether you would be interested in becoming accredited as a:

Counsellor/psychotherapist

Trainer (Diploma level)

It is strongly advised that you contact the Development Officer (Individuals/Courses) regarding the accreditation process. You will be advised of the process, registration scheme, workshops, dates for submission and be given advice and assistance in the application.

Further information on COSCA Accreditation can be found on www.cosca.org.uk – Accreditation – Counsellor or Trainer.

16. MEMBERSHIP FEE

Practitioner Membership: £53.00
Practitioner Membership (Reduced Rate): £43.00

DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy ins Scotland)

COSCA prefers you to make membership payments by direct payment to COSCA's bank. Please see below for information to process this.

Name of Bank: Clydesdale Bank PLC, Murray Place, Stirling, FK8 2BX
Sort Code: 82 68 05
Account No. 70174110
Account Name: COSCA (Counselling & Psychotherapy in Scotland)

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

I am applying for the standard rate of Practitioner Membership (plus donation if desired)

I am applying for the reduced rate of Practitioner Membership due to financial hardship or low Income

I am paying direct via the bank Date paid:

I enclose a cheque made payable to COSCA

I require an invoice (£2.00 charge)

Membership fee of £ plus donation £

Invoice charge (if applicable)

Invoice Address (if different from above)

Total amount £

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.

17. DECLARATION

I declare that:

1. I will abide by the COSCA 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. Please refer to www.cosca.org.uk – Complaints for the COSCA Complaints Procedure.
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.
5. I am currently practising as a counsellor or psychotherapist.
6. I have a current practice base of at least 8 hours on average per month with a supervision ratio of at least 1:12.
7. I am committed to undertaking at least 18 hours of continuous professional development per annum that enhances and develops my counselling/psychotherapy practice.

Please Print Name:

Signature:

Date:

COSCA REGISTER OF COUNSELLORS AND PSYCHOTHERAPISTS

PROFILE OF COSCA REGISTRANT

Please note:

Under Data Protection legislation COSCA requires your consent for entry of your personal data on the COSCA Register of Counsellors and Psychotherapists. This form is:

- ✓ part of the membership application and requires **to be signed and dated** and returned with the application for membership
- ✓ to be used for the updating of your profile on the Register
- This Register is Accredited by the Professional Standards Authority - www.professionalstandards.org.uk/accredited-registers
- Entry of data on the Register is mandatory for all eligible members who meet the Register's requirements for entry
- The Register can be accessed on www.cosca.org.uk – 'Find a Therapist' and information about the contents of entry on the Register are contained in the 'About the Register & Registrants' section of the Register. It is important that all applicants for membership make themselves aware of these contents before applying.
- Please also see COSCA's Mandatory Registration and Opting Out Policies on www.cosca.org.uk – COSCA Register.

To be eligible for entry of your data on the Register, members need to hold one of the following registrant categories:

COUNSELLOR MEMBER (ORGANISATIONS)

COUNSELLOR MEMBER

PRACTITIONER MEMBER

ACCREDITED COUNSELLOR/PSYCHOTHERAPIST MEMBER OF COSCA

COSCA reserves the right to edit the content of this form.

The following section is mandatory and requires to be completed.

MANDATORY INFORMATION	
<i>Registrant Name</i>	
<i>Registrant (membership) Category</i>	
<i>Registration (membership) Number (if known)</i>	
<i>Are you a member of a statutory regulator or any other professional body? (If yes, please give details)</i>	

Although completion of the following section is optional, this form requires to be signed and to be dated and returned in its entirety with the application for membership.

COSCA strongly encourages you to complete the remainder of the form.
This will enable the public to access your counselling and/or psychotherapy service through name, postcode and specialist area searches.

OPTIONAL INFORMATION	
Primary Contact Details: Please provide name and address in the sections below.	
<i>Name of Practice (if appropriate)</i>	
<i>Address:</i>	
<i>Street</i>	
<i>Town</i>	
<i>City</i>	
<i>Post Code</i>	
<i>Telephone Number</i>	
<i>Mobile Number</i>	
<i>Email Address</i>	
<i>Website Address (own website or place of work website)</i>	
<i>Support Provided, i.e. Individuals, Couples, Groups, Young People, Counselling to Blind/Deaf Community, BME Community, etc.</i>	
<i>Theoretical Approach</i>	
<i>Accessibility to Premises</i>	
<i>Specialist Areas</i>	
<i>Languages Used</i>	
<i>Fees Charged/Donations Accepted/Concessions</i>	
Signed	
Please Print Name	
Date	