



COSCA (Counselling & Psychotherapy in Scotland)
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Application for Return to COSCA Membership after Lapsation

Please note the following:

- On reinstatement as a Counsellor Member (Organisations), Counsellor Member or Practitioner Member, 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.
- Use of COSCA Logo and use of Accredited Register Logo: COSCA Members are encouraged to use the COSCA Logo – www.cosca.org.uk - Members Info – COSCA Logo Acceptable Use Policy. COSCA Registrant members are eligible to use the COSCA Accredited Register Logo.

1. CONTACT DETAILS

Surname:

Forename(s):

Title:

Address:

Postcode:

Home Telephone No:

Work Telephone No:

Email:

Office Use Only

| | |
|----------|--|
| Finance | |
| Decision | |
| Database | |
| Register | |

2. MEMBERSHIP CATEGORY PRIOR TO LAPSATION

| Membership Category | Membership Number | Membership Category | Membership Number |
|---------------------|-------------------|----------------------------|-------------------|
| Student | | Counsellor (Organisations) | |
| Counselling Skills | | Counsellor | |
| Associate | | Practitioner | |

3. 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 - Membership

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

4. PERIOD OF LAPSATION FROM MEMBERSHIP

Individuals whose membership of COSCA lapsed within six months of the date of expiry of membership, can apply to return to COSCA membership.

Outwith this period, you may be requested to submit an application for membership.

Date of Expiry of Membership:

5. REASON(S) FOR LAPSATION OF MEMBERSHIP

Please explain the reason(s) for the lapsation of membership.

6. REFERENCE

Please give the following details of someone who can vouch for you, if this is required by COSCA.

Name:

Address:

Postcode:

Email:

Telephone No:

Capacity in which they know you.

7. PROFESSIONAL PRACTICE

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

- Have you had membership of any professional counselling/psychotherapy body withdrawn?

YES

NO

If "YES", please give details.

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

YES

NO

If "YES", please give details.

- 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.

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

YES

NO

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

YES

NO

8. SUBSCRIPTION

Please refer to COSCA website: www.cosca.org.uk - Costings for current membership subscription costs

DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy in Scotland)

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

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

Please invoice me (£2.00 service charge)

Invoice Address, if different

| | | |
|--------------------------------|----------|-----------------|
| Membership Subscription | £ | Plus donation £ |
| Invoice charge (if applicable) | £2.00 | |
| Total Amount: | £ | |

9. DECLARATION

I declare that:

1. I will abide by COSCA's Statement of Ethics and Code of Practice and COSCA's Memorandum and Articles of Association.
2. I meet all the requirements of my lapsed membership category.
3. 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.

Print Name:

Signed:

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 | |