



COSCA (Counselling & Psychotherapy in Scotland)

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APPLICATION FOR DIRECTORY LISTING

COSCA ORGANISATIONAL MEMBERS

Please complete the information you wish made available on the website.
 COSCA reserves the right to edit the information given.

Name of Agency/Organisation:	
Address: Street	
Town:	
City:	
Post Code:	
Telephone No.	
Mobile No.	
Email address:	
Website:	
Geographically, where are your services delivered?	
Support Provided e.g. Children, Young People, Individuals, Groups, Long Term, Short Term, Deaf, Blind, BME etc.	

Languages Used and Fluency Level:	
Accessibility to Premises:	
Specialist Areas e.g. Bereavement, Alcohol/Substance Misuse, etc.	
Fees/Donations accepted:	

Signed on behalf of the above named Organisation:

Please Print Name:

Designation

Date:

Thank you for your co-operation.