



**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 Student Membership

*This category applies to students on counselling/psychotherapy related training courses.*

**Please tick category applied for:**

**Student Membership (1<sup>st</sup> year of training)**

**Student Membership**

### Notes for Applicants:

- Following successful completion and graduation of counselling/counselling skills training you are no longer eligible for Student Membership.
- You may be eligible to apply for the category of Counselling Skills Member, Counsellor Member (Organisations) or Counsellor Member. Please see [www.cosca.org.uk](http://www.cosca.org.uk) - Membership – Individuals for application form and relevant criteria.
- 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 Register Logo. Student, Counselling Skills and Associate Members are not entitled to use the Professional Standards Authority Accredited Registers Logo.

### 1. CONTACT DETAILS

**Please complete details below**

Surname:

Forename(s):

Title:

Address:

Post Code:

Home Telephone No:

Work Telephone No:

Email:

## 2. COURSE DETAILS

Name of Training Provider:

Course Title:

Level of Training e.g. Certificate, Diploma

Start Date of Training:

Year on Course (1<sup>st</sup>, 2<sup>nd</sup>, etc.)

## 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](http://www.cosca.org.uk) - [Members Info](#)

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

## 4. COSCA JOURNAL

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

## 5. 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

2. Have you any criminal or civil convictions (spent or unspent) or proceedings pending against you?

Yes

No

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

3. Have you any professional complaint or disciplinary proceeding brought against you, that 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

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

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

Yes

No

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

## 6. STUDENT REFERENCE PROFORMA

Please give the attached Student Reference Proforma to your referee who should be someone who can vouch for your involvement as a Student on a counselling/psychotherapy related course.

You should ask your referee to send this form completed, direct by post to COSCA.

Please note that this Student Reference Proforma must be completed and returned in time for the Corporate Affairs Group meeting otherwise your application may not be considered.



## 8. DECLARATION

### I declare that:

1. I will abide by COSCA's Statement of Ethics and Code of Practice.
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 see [www.cosca.org.uk](http://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:

Signature:

Date:



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## **STUDENT REFERENCE PROFORMA**

*To be completed by the applicant's referee*

The referee is required to note that:

1. Student membership is open to participants on counselling/psychotherapy related courses
2. on completion of this form, please send it direct to COSCA at the above address
3. the application for Student Membership is unable to be considered until COSCA has received this Student Reference Proforma.

Your assistance in this is much appreciated.

Name of applicant applying for Student Membership:
Address of Applicant:
Year of Study:

<b>REFEREE IS REQUIRED TO COMPLETE THE FOLLOWING:</b>
Name of Referee:
Address:
Email Address:
Telephone Number:
I can confirm that the above named applicant is a student on a counselling/psychotherapy related course:
<div style="display: flex; justify-content: space-around; width: 100%;"> <span>YES</span> <span>NO</span> </div>

<b><i>Details of Course</i></b>
Name of Training Provider:
Address of Training Provider:
Course Title:

Please comment on the suitability of this person to be a Student Member of COSCA.

From your knowledge of this person, is there any reason(s) why he/she should not be given COSCA Student Membership?

Any additional comments you wish to make?

Signature of Referee:

Please print name:

Designation:

Date: