

# COSCA TRAINER ACCREDITATION

## APPLICATION

### Counselling Skills Certificate Level

1. ***Please read the Accreditation of Trainers at Counselling Skills Certificate Level: Guidelines and Criteria in order to complete this application – [www.cosca.org.uk](http://www.cosca.org.uk) – Accreditation – Trainer.***
2. ***Please note that Applicants require to use the current Guidelines and Application Forms for submission of Trainer Accreditation – [www.cosca.org.uk](http://www.cosca.org.uk) – Accreditation – Trainer.***

**PART I: PERSONAL DETAILS**

Surname	
Forename(s)	
Title	
Contact Address	
Post code	
Home telephone no.	
Work telephone no.	
Email:	
COSCA Membership Number and Category of membership:	

Office Use	
Date Received	
Payment	

## PART II: DISCLOSURE

Information given below will not necessarily exclude you from accreditation.

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 Have you had membership of any professional counselling/psychotherapy body withdrawn?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

### **PART III: SUBMISSION CHECKLIST**

I have checked the following:

I have submitted all the required evidence to support all the criteria

All the evidence is accurately labelled with the appropriate reference numbers

I have given a word count of all reports submitted.

My application has been verified

I have read, signed and dated the declaration below

I am submitting 5 copies of my application

I have enclosed the current Trainer Accreditation fee

*I agree to my details being publicised in the COSCA Journal Counselling in Scotland on being awarded COSCA Trainer Accreditation.*

### **PART IV: DECLARATION**

I declare that:

- I. I am applying for COSCA Trainer Accreditation at Counselling Skills Certificate Level and agree to abide by the current COSCA's Guidelines and Procedures for the Accreditation of Trainers at Counselling Skills Certificate Level, to be bound by COSCA's Memorandum and Articles of Association, and to abide by COSCA's Statement of Ethics and Code of Practice
- II. The evidence I have submitted gives an accurate portrayal of my training and experience in counselling/counselling skills and training.
- III. I will inform COSCA of all successful or pending criminal, civil, complaint or disciplinary proceedings brought against me in the future which are relevant to my involvement with counselling skills training
- IV. I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for Trainer Accreditation.
- V. I have appropriate and adequate public and professional liability insurance cover for all my counselling skills training work
- VI. To the best of my knowledge and belief the information provided in this application is correct and I understand that a failure to disclose on application or during the period of Trainer Accreditation can lead to termination of my Trainer Accreditation and COSCA Membership.
- VII. I will comply with COSCA's arrangements for handling complaints and concerns. (If you wish a copy of COSCA Complaints Procedure, please contact the COSCA office.)

Print Name:

Signature:

Date:

**APPENDIX A: APPLICATION ELEMENTS CHECKLIST**

**Application for Trainer Accreditation at  
Counselling Skills Certificate Level**

<b>Criteria</b>	<b>Evidence</b>	<b>Included (tick) **see below</b>
1.0 Application	Application form and cheque  Original application and 4 copies	
2.1 Membership of COSCA	Membership number	
2.2 Application Form	Application form completed	
2.3 Acceptable counselling/counselling skills related qualifications	COSCA Certificate in Counselling Skills  Other equivalent awards	
2.4 Counselling skills training experience	Statement (400 - 500 words)	
2.5 Awareness of group dynamics/process	Statement (400 - 500 words)	
2.6 Supervision of Training Practice	Arrangements for Supervision Name of Individual Supervisor	
2.7 Post training supervised counselling/counselling skills practice	Statement (400 - 500 words)	
2.8 Reflection on counselling/counselling skills practice	Statement (400 - 500 words)	
2.9 Professional Development	Statement (400 -500 words)	
2.10 Trainer Qualifications	Submits acceptable trainer qualifications	

**\*\* Please include in the end column the appropriate page number from your application.**

**APPENDIX B: PROFESSIONAL DEVELOPMENT**

**Application for Trainer Accreditation at  
Counselling Skills Certificate Level**

You require 18 hours (or more) of Continuous Professional Development a year for the past two years.

<b>Dates Year 1</b>	<b>No. of hours</b>	<b>Dates Year 2</b>	<b>No. of Hours</b>	<b>Type of Activity/Experience</b>	<b>Outcomes Achieved</b>

Total Number of Professional Development Hours:

Year 1:

Year 2:

## APPENDIX C: VERIFICATION OF APPLICATION

### Application for Trainer Accreditation at Counselling Skills Certificate Level

#### 1. Applicant Name:

Please enter your name below and pass this form with your complete application to a suitable verifier.

#### Verifier:

The applicant named above is intending to apply to COSCA for accreditation as a trainer at Counselling Skills Certificate Level. Please read her/his complete application and complete the statement below if appropriate.

#### Verifier:

I declare that I have read the attached application and confirm that it accurately reflects the knowledge, skills and experience of the applicant named above:

Name of Verifier

Position held

Address of Verifier

Post Code

Telephone Number

Email address

Signature of Verifier

Date:

## Payment

This annual renewal of trainer accreditation form requires to be submitted together with your membership renewal application form and the appropriate fee (to be found on the membership renewal application form). A membership renewal package is sent to your 4 weeks prior to membership renewal date.

Please note that payment requires to be made before membership and renewal of accreditation is confirmed.

I am paying the following amount

**Direct to Bank:**

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

**Cheque enclosed**

**Invoice required**

*Please add £2.00 service charge*

*Please give invoice details if different from your own details*