



**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)

# COSCA TRAINER ACCREDITATION

## APPLICATION

**Trainers Delivering:**

- Diploma Courses in Counselling
- Specialist Courses (Diploma Level)

*Please read the Accreditation of Trainers at Diploma Level Delivering Diploma Courses in Counselling / Specialist Courses (Diploma Level) - Guidelines and Criteria in order to complete this application – [www.cosca.org.uk](http://www.cosca.org.uk) – Accreditation – Trainer. Applicants are required to use the current Guidelines and Application Forms*

| PART I: PERSONAL DETAILS            |
|-------------------------------------|
| Surname                             |
| Forename(s)                         |
| Title                               |
| Address                             |
| Post Code                           |
| Email                               |
| COSCA membership Number and categor |

**I am applying for one of the following (please tick):**

a) Accreditation as a Trainer delivering a Diploma Course in Counselling

b) Accreditation as a Trainer delivering a Specialist Course (Diploma Level)

- Please use Appendix A in this document: Application Elements Checklist to check that you have submitted all the evidence required for each criteria stated in the Accreditation of Trainers at Diploma Level delivering a Diploma Course in Counselling or Specialist Course (Diploma Level) - Guidelines and Procedures.
- You are requested to make clear where that evidence is to be found in your submission.
- In the parts of the application that ask you to submit a written report with a minimum and maximum number of words, you are required to specify a word count.

|            |          |  |
|------------|----------|--|
| Office Use | 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 Have you had membership of any professional counselling/psychotherapy body withdrawn?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 each 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

### **PART IV: DECLARATION**

I declare that:

- I. I am applying for COSCA Trainer Accreditation at Diploma Level and agree to abide by the current COSCA Guidelines and Procedures for the Accreditation of Trainers at Diploma Level Delivering Diploma Courses in Counselling or Specialist Courses (Diploma 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.
- 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 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 Diploma Level

| Criteria   | Evidence   | Included<br>(tick)<br>** see below |
|--|--|------------------------------------|
| 1.0 Application  | Application form and cheque<br><br>One original and four copies of application   |                                    |
| 2.1 Membership of COSCA  | Membership category and number   |                                    |
| 2.2 Application Form   | Application form completed   |                                    |
| 2.3 Counselling Qualifications   | COSCA Diploma in Counselling or equivalent<br><br>Practitioner Membership of COSCA   |                                    |
| 2.4 Counselling Training Experience: Trainers Delivering Diploma Courses in Counselling<br><br><b><u>OR</u></b><br><br>2.5 Counselling Training Experience: Trainers Delivering Specialist Courses (Diploma Level) | Significant involvement in delivery of a COSCA Validated/Initially Validated Diploma Course in Counselling<br><br>Evidence of support available and reflection on it<br><br>Significant involvement in delivery of a COSCA Validated/Initially Validated Specialist Course (Diploma Level)<br><br>Evidence of support available and reflection on it |                                    |
| 2.6 Professional Development   | Statement (500 words maximum)<br>Attendance at trainer events<br>Account of CPD  |                                    |
| 2.7 Supervision of Training Practice   | Arrangements for supervision<br>Name of individual supervisor  |                                    |
| 2.8 Trainer Qualifications   | Trainer qualifications   |                                    |

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

**APPENDIX B: COUNSELLING EXPERIENCE – TRAINERS DELIVERING DIPLOMA COURSES IN COUNSELLING**

**Application for Trainer Accreditation at Diploma Level**

Complete the table below with the number of hours you have completed for each of the nine elements.

| <b>Element</b>  | <b>Number of Hours</b> |
|---|------------------------|
| Writing and managing the programme (including selection of the syllabus) (min. 178 hours)   |                        |
| Teaching theory (in 'classroom' conditions) (min. 45 hours)   |                        |
| Leading skills training sessions (e.g. Triads) (min. 60 hours)  |                        |
| Tutoring (e.g. for written assignments), including marking (min. 120 hours)   |                        |
| Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants (min. 150 hours) |                        |
| Co-ordinating or organising placements and relating to managers (min. 50 hours)   |                        |
| Co-ordinating experiential groups which are an integral part of the course (min. 90 hours)  |                        |
| Taking part in formal assessment procedures (min. 192 hours)  |                        |
| Giving continuous feed-back on personal and professional development to participants (min. 120 hours)   |                        |

**You are required to provide the following:**

- Evidence of your training practice for each of the above elements (maximum 300 words per element)
- Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given

**APPENDIX C: COUNSELLING TRAINING EXPERIENCE:  
TRAINERS DELIVERING SPECIALIST COURSES  
(DIPLOMA LEVEL)**

**Application for Trainer Accreditation at  
Diploma Level (Specialist Courses)**

| <b>Element</b>   | <b>Number of Hours</b> |
|--|------------------------|
| Writing and managing the programme (including selection of the syllabus)   |                        |
| Teaching theory (in 'classroom' conditions)  |                        |
| Leading skills training sessions (e.g. Triads)   |                        |
| Tutoring (e.g. for written assignments), including marking   |                        |
| Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants |                        |
| Co-ordinating or organising placements and relating to managers  |                        |
| Co-ordinating experiential groups which are an integral part of the course   |                        |
| Taking part in formal assessment procedures  |                        |
| Giving continuous feed-back on personal and professional development to participants   |                        |

Complete the table below with the number of hours you have completed for your selected elements (five minimum).

| <b>You are required to provide the following:</b>   |
|---|
| ➤ Evidence of your training practice for each of the above elements (maximum 300 words per element)   |
| ➤ Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given |

**APPENDIX D: PROFESSIONAL DEVELOPMENT**

**Application for Trainer Accreditation at  
Diploma Level**

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

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

**Total Number of Professional Development Hours:**

Year 1:

Year 2:

## APPENDIX E: VERIFICATION OF APPLICATION

### Application for Trainer Accreditation at Diploma Level

#### 1. Applicant's Name:

Please enter your name below and type of course being delivered and pass this form with your complete application to a suitable verifier.

**Name:**

**Diploma Course in Counselling**

**Specialist Course (Diploma Level)**

#### Verifier:

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

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 counsellor/psychotherapy 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 amount of:**

**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*