



COSCA (Counselling & Psychotherapy in Scotland)
 16 Melville Terrace | Stirling | FK8 2NE
 t: 01786 475 140 f: 01786 446 207
 e: info@cosca.org.uk w: www.cosca.org.uk

COSCA VALIDATION OF COURSES OTHER COUNSELLING SUPERVISION CERTIFICATE VALIDATION APPLICATION

Please note that Applicants require to use the current Guidelines and Application Forms for submission for Validation www.cosca.org.uk – Validation.

Please complete the following:

Organisation applying for Validation	
Address	
Post Code	
Contact Person	
Designation	
Telephone Number	
Email Address	
Website	
COSCA Membership No: <i>(Organisational Membership is a requirement)</i>	
Title of Course	
Number of Tutor Contact Training Hours	

Date Received	
Payment	

Please give details of the training delivery.

Dates and Timing of Training Delivery

Location of Venue

1. ETHICS AND PRACTICE

Please refer to Section B Note 1 of the Guidelines and Procedures

How is the information about Equal Opportunities, Anti-discriminatory, Complaints and Grievance Polices made known to participants?

2. PUBLICITY

Please refer to Section B Note 2 of the Guidelines and Procedures

Please enclose all publicity material relating to the course with your application. This should include advertisements, leaflets, course prospectus, etc.

3. TRAINERS

Please refer to Section B Note 3 of the Guidelines and Procedures

3.1 Please provide the following information:

- Names of all trainers and whether they are COSCA Accredited
- Email address for trainers
- All non COSCA accredited trainers involved in the delivery of the training require to complete and submit the Non-COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated Course – www.cosca.org.uk - Validation
- The **Non Accredited Trainers Observation Report of Trainers Competence** must be submitted within 6 months of the non accredited trainer commencing work on the course
- Trainers who have a Diploma in Counselling or equivalent
- Trainers who have 450 hours of counselling practice experience over a maximum of 4 years
- Trainers who have 200 hours of supervised supervision practice over a maximum of 4 years
- Trainers who are currently in practice as a counsellor and supervisor
- Trainers' training in supervision (this may be formal or informal; where informal some account must be given of how this has taken place).

3.1A COSCA Accredited Trainers

Please complete the form below the required information in relation to COSCA Accredited Trainers involved in the training of your COSCA Validated courses.

Name	Accredited Trainer Please ✓	Membership Category	Email Address

3.1B Non COSCA Accredited Trainers

The COSCA Validation Guidelines require you to submit to COSCA:

1. Non COSCA Accredited Trainers Observation Report of Trainer Competence for each non accredited trainer within 6 months of being involved in the delivery of training on COSCA Validated course – Appendix 6.
2. Non COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated course – www.cosca.org.uk – Validation – General.
This completed form requires to be submitted to COSCA prior to the trainer becoming involved in the delivery of the training.
3. If you have submitted these forms, please advise COSCA immediately and complete and submit the relevant forms as soon as possible. Please indicate when the forms will be completed and submitted to COSCA.

Name	Observation Report submitted	Application to Deliver Training form submitted	Email address

3.2 Please provide evidence of the organisation's strategy for trainer development and the provisions for trainer support and supervision.

4. TRAINER : PARTICIPANT RATIO

Please refer to Section B Note 4 of the Guidelines and Procedures

4.1 Please indicate the ratio of trainers to participants normally expected in the delivery of this training.

4.2 If only one trainer will be involved in the training, please indicate how the nature of the supervisory relationship will be modelled and explored in the group and how the needs of the trainer and participants will be met, e.g. in the large group or in triad individual tutorials.

4.3 If you intend to have two trainers working with 16 – 24 participants, please indicate how these groups will be facilitated.

4.4 If you plan to offer a course to participants with mixed entry criteria (for example counselling skills providers and experienced counsellors) please provide evidence of your trainer(s) competence to offer a good learning experience to all members of the group.

5. COURSE MONITORING

Please refer to Section B Note 5 of the Guidelines and Procedures

Please provide details of how the overall structure, method and standard of delivery will be reviewed.

6. RESOURCES

Please refer to Section B Note 6 of the Guidelines and Procedures

6.1 Please detail the resources available for the delivery of the course.

6.2 Please give details of the written confirmation participants will receive on completion of the course.

6.3 Please provide details of the advice and guidance facilities available to participants.

7. COURSE AIMS

Please refer to Section B note 7 of the Guidance and Procedures

7.1 Please provide details of the course Aims.

7.2 Please indicate how and when will be given to the participants.

8. COURSE LEARNING OUTCOMES

Please refer to Section B Note 8 of the Guidelines and Procedures

8.1 Please provide details of the course Learning Outcomes.

8.2 Please indicate how and when the above will be given to participants.

9. TIMING AND SPACING

Please refer to Section B Note 9 of the Guidelines and Procedures

Please provide information on the timing and spacing of the training and how it was developed and the expected work situation of those for whom it was designed.

10. ATTENDANCE

Please refer to Section B, Note 10 of the Guidelines and Procedures

Please state your understanding of the attendance requirements.

11. COURSE CONTENT

Please refer to Section B, Note 11 of the Guidelines and Procedures

11.1 Please provide:

- an overview of the course content, including theory, supervision skills, ethics and personal and professional development, and supervised practice (where applicable)
- the delivery methods for a section of the course.

11.2 If you plan to offer a course with mixed entry criteria please indicate how you plan to address this in the delivery of two further sections of the course.

12. PRACTICE PLACEMENT

Please refer to Section B Note 12 of the Guidelines and Procedures

12.1 Please provide details of the arrangements for practice placements for participants and how these will be monitored

12.2 Please provide details of the arrangements for the assessment of the case studies and completion of the course by the participants.

12.3 Please provide details of the arrangements for the supervision of participants' practice placements. Please also show that the selection of supervisors and the nature of their contract with the course provider will follow the criteria laid down in the guidelines.

13. SELECTION

Please refer to Section B Note 13 of the Guidelines and Procedures

Please provide details of the selection procedure and criteria for entry onto the course.

14. ASSESSMENT

Please refer to Section B Note 14 of the Guidelines and Procedures

14.1 Please provide details of the framework for the formative and summative assessment of the Learning Outcomes of the course.

14.2 Please indicate how and when this information is given to participants.

15. ACCREDITATION OF PRIOR LEARNING AND EXPERIENCE (APL/APEL)

Please refer to Section B Note 15 of the Guidelines and Procedures

15.1 Please provide details and criteria for APL/APEL.

15.2 Please indicate who will carry out the assessment of APL/APEL, their qualifications and how APL/APEL assessment will be communicated to COSCA.

16. DISCONTINUATION OF PARTICIPANTS

Please refer to Section B Note 16 of the Guidelines and Procedures

Please provide details of procedures and criteria for the discontinuation of participants from training.

17 DECLARATION

I declare that:

- to the best of my knowledge and belief the information provided in this application is an accurate reflection of the training provided by this organisation/agency
- I accept responsibility for this organisation/agency abiding by the current and any future updated Guidelines and Procedures for the Validation and Re-validation of the COSCA Validated Supervision Courses
- I understand that a failure to disclose relevant information on application, during the process or the period of validation or re-validation can lead to termination of the course validation
- I understand that omitting to inform the CVP of any changes to and development of the course may result in validation being withdrawn
- I understand that if our Organisational Membership of COSCA lapses, or is terminated for any reason, COSCA Validation will cease in respect of this application
- I will submit the Annual Monitoring Form for 31 October each year.

Contact Person: (please print):	
Signature of Contact Person:	
Designation:	
Email address:	
Organisation:	
Date:	

Validation application submission dates are on www.cosca.org.uk – Validation – General.

FIVE signed copies of your complete application must be submitted to the COSCA office together with the Validation Fee.

Validation Fees are available on www.cosca.org.uk - Costings.

Payment

I am paying the validation fee of:

Direct to Bank:

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Date paid to bank:

Cheque enclosed

Invoice required *please add £2.00 service charge*

Please note that payment requires to be received before the Panel meeting date.

Please give invoice details if different from your own details.