

COSCA VALIDATION OF COURSES COSCA COUNSELLING SKILLS 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:

See Section B, Point 1 of the Guidelines				
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>				
Validation Application for: <i>Please tick as appropriate</i>				
Module 1	Module 2	Module 3	Module 4	Full Certificate
.				

Office Use

Date Received	
Payment	

1. Please indicate details of training delivery of Module 1 for the COSCA Assessor to visit the course.

Dates and Timing of Training Delivery

Location of Venue

**2 ETHICS AND PRACTICE
(Please refer to Section A, Point 1 of the Guidelines)**

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

Comments:

2.2 How do you make known to participants COSCA's Statement of Ethics and Code of Practice, your equal opportunities, anti-discriminatory and grievance/complaints procedures?

3 TRAINERS

3.1 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

3.2 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 not 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

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

4 TRAINER:PARTICIPANT RATIO (Please refer to Section A, Point 4 of the Guidelines).
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4.1 Please indicate the ratio of trainers to participants normally expected in the delivery of this training.

4.2 If there are more than 12 participants with one trainer, please describe how the needs of the trainer and participants will be met.

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

5 COURSE MONITORING
(Please refer to Section A, Point 5 of the Guidelines).

5.1 Please indicate how the overall structure, method of delivery and continued appropriateness for the target group is being reviewed.

5.2 Please indicate how the course is being monitored, periodically evaluated and reviewed.

<p>5.3 You are required to appoint an External Assessor, who is independent of your organisation, within 6 months of Initial Validation being awarded. Please give the name and contact details of your External Assessor below.</p> <p>Please also describe the monitoring role of your External Assessor below (see Guidelines section 2.4, page 17).</p>
Name of External Assessor
Address
Telephone Number
Email Address
Monitoring Role

<p>6 RESOURCES (Please refer to Section A, Point 6 of the Guidelines).</p>
<p>6.1 Please detail the resources available for the delivery of the course, including the suitability of the venue.</p>

6.2 Please give details of the written confirmation participants will receive on completion of the Modules/course and detail the methods, procedures and the personnel responsible for communicating outcomes to participants.

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

**7 COURSE STRUCTURE AND CONTENT
(Please refer to Section A, Point 7 of the Guidelines).**

7.1 Please indicate how the course has been developed and structured to reflect the particular situation of participants.

7.2 Please provide an account with evidence of your understanding of the training process relevant to skills, knowledge and self-awareness.

**8 AIMS, LEARNING OUTCOMES, RANGE and METHODS AND ACTIVITIES
(Please refer to Section A, Note 8 of the Guidelines)**

8.1 Please indicate how and when details of the Aims, Learning Outcomes, Range and Methods and Activities are given to the participants.

9 ASSESSMENT (Please refer to Section A, Point 9 of the Guidelines)

9.1 Please provide details of the assessment framework, formative and summative, based on the learning outcomes of the Modules and/or units of the course.

9.2 Please indicate how and when this information is given to participants, together with the support offered.

10 TIMING AND SPACING OF MODULES
(Please refer to Section A, Point 10 of the Guidelines)

10.1 Please indicate the training schedule and how the needs of the trainers and participants are to be met within this schedule.

10.2 Please indicate how the participants are informed about the spacing of the training.

14 DISCONTINUATION OF PARTICIPANTS (Please refer to Section A, Point 14 of the Guidelines)	
14.1	Please submit your written contractual requirements for the discontinuation of participants from the course.

15 DECLARATION	
I declare that:	
<ul style="list-style-type: none"> ✓ 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 Revalidation of the COSCA Counselling Skills Certificate Course ✓ I understand that a failure to disclose relevant information on application, during the process or the period of revalidation 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 by October annually. 	
Principal Agent (See Section B, Point 1 of the Guidelines)	
Name	
Signature	
Designation	
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

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.