



Scotland's  
Professional Body  
for Counselling &  
Psychotherapy

**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 NON-ACCREDITED TRAINERS REPORT OF TRAINER COMPETENCE

- This form must be completed for all non COSCA Accredited Trainers during the period covered by this Annual Monitoring Form and within 6 months of their involvement in the delivery of training
- All non COSCA Accredited Trainers must be observed for the purposes of completing this Form
- You must comment on the trainer's performance and qualities and the extent to which they meet each competency

TRAINER DETAILS
Trainer's Name:
Trainer's Address:
Post Code:
Telephone Number:
Email:

PROVIDERS DETAILS
Providers Name:
Providers Address:
Postcode:
Contact Person:
Designation:
Telephone Number:
Email:

## Report of Trainer(s)

A report about the ability and competence of all non-accredited trainers who are, or who have been, involved in the delivery of COSCA validated training is required on an annual basis to meet COSCA Validation criteria.

You are invited to provide a commentary of:

- ◆ Personal style and abilities of trainer
- ◆ Skill mix and level of competence
- ◆ Areas of strength
- ◆ Developmental points

A template is provided for the report if required, but it does not have to be used.

You may find it helpful to refer to the list of necessary skills and competencies below. The person completing the report must be familiar with the work of the trainer. Where appropriate, more than one person can contribute to the information, including the trainer.

Please note that in order to comply with COSCA validation and revalidation criteria and requirements, all non-accredited trainers who have been involved in the delivery of the course for *more than 2 years prior to the revalidation deadline* must be COSCA accredited at the time of applying for revalidation.

### Trainer Skills and Competencies:

- ◆ **Ensures that participants feel safe and supported**
- ◆ **Models the counselling approach in interactions with students**
- ◆ **Presents and explains the aims and outcomes of the activity/exercise**
- ◆ **Presents information clearly and accurately**
- ◆ **Uses a variety of training methods to enhance the learning opportunities, when using visual aids makes them legible and accurate**
- ◆ **Sequences and paces information to suit the group and individual learners**
- ◆ **Uses language appropriate to the level of understanding within the group**
- ◆ **Provides additional and summary information, on request**
- ◆ **Adjusts presentations in response to learner's needs**
- ◆ **Deals sensitively and appropriately with distractions and interruptions**
- ◆ **Uses appropriate questioning and information seeking techniques**
- ◆ **Creates a climate where learners can comfortably ask questions and make comments**
- ◆ **Supports learners in learning new skills**
- ◆ **Appropriately challenges excluding or discriminatory behaviour or language**
- ◆ **Gives appropriate feedback in a positive and helpful manner**
- ◆ **Facilitates participants in self-assessment**
- ◆ **Welcomes and uses feedback about self from participants and others involved in training delivery**

<b>NAME OF TRAINER:</b>	<b>DATE OF REPORT:</b>
<b>Personal style &amp; Abilities</b>	
<b>Skill mix and level of competence</b>	
<b>Areas of strengths</b>	
<b>Developmental points/areas</b>	
<b>Name of person completing the form (please print clearly):</b>	
<b>Signature:</b>	
<b>Designation:</b>	
<b>Date:</b>	