

COSCA VALIDATION APPLICATION TO CHANGE EXISTING DELIVERY

This application is for COSCA validated organisations wishing to change their existing course validation e.g. delivery, setting, personnel or content.

| Section 1. The Validated Training Provider | |
|--|-----------|
| Name of COSCA Validated Provider | |
| Contact Person within the Organisation: | |
| Address for communication: | Post Code |
| Telephone No. | |
| Email Address: | |
| Title of Validated Course: | |
| Current Venue of Training Delivery: | |
| Proposed Venue of Training Deliver: | |

2. Proposed Changes to Delivery, Setting or Personnel

2.1 Delivery Proposed Changes

Please describe the proposed changes.

2.2 Setting Proposed Changes

Please describe the proposed changes, and give further information about the suitability of the premises for counselling/counselling skills training.

2.3 Personnel Proposed Changes

Please describe the proposed changes to personnel, and indicate whether the trainers are COSCA accredited. If not please complete the Non COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated Course – www.cosca.org.uk – Validation – General..

3. Course Aims and Objectives

Please outline any proposed changes to the course aims and objectives.

4. Course Structure

Please outline any proposed changes to the course structure.

5. Selection of Participants

Please describe how participants will be selected.

6. Course Content

Please include comment on any proposed changes to the content of the course in the following areas:

- Language
- Skills and counselling practice
- Theory/core orientation
- Self-awareness and personal development
- Professional responsibilities
- Supervised practice

7. Organisation, Monitoring and Supervision of Practical Placement

Please describe how participants' practical placements will be organised, monitored and supervised.

8. Trainers

Please include:

- The names of the core trainer(s) and indicate if they are accredited by COSCA or an equivalent professional body as trainers and/or counsellors. You are required to indicate which level the trainers are accredited, e.g. Certificate, Diploma. Any trainers not accredited with COSCA need to be accredited within the time scales laid down in the Validation Guidelines. It should also be noted that any trainers not accredited will need to be approved by COSCA prior to delivering training – www.cosca.org.uk – Validation – General – Non COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated Course.
- The ratio of trainer(s): participants that will be maintained on the course
- Comment on the facilities for the support and supervision of the trainer(s)
- Comment on any changes to the suitability of the trainer(s), e.g. crimes committed, disciplinary action taken, etc.

9. Registration of Participants

Please describe how the names and addresses of all those completing the Course will be registered with COSCA.

10. DECLARATION

I declare that:

- The above named organisation applies for the COSCA Course Validation, which it currently holds for the above named course, to be changed as detailed above.
- The above named organisation agrees to abide by the current COSCA's Course Validation Guidelines and Procedures for the delivery of the above course in the above location
- To the best of my knowledge and belief the information provided in this application is correct
- I understand that a failure to disclose relevant information in this application, during the process or during the period of validation can lead to termination of the course validation by COSCA
- I have the authority of the above named organisation to apply to COSCA for this extension of its validation
- I have submitted FIVE copies of this application to the COSCA office.

Signature:

Please Print Name:

Designation within Organisation:

Date: