

COSCA REVALIDATION APPLICATION FOR USE BY ALL COSCA VALIDATED PROVIDERS

You are required to complete all sections of this application

Please tick the appropriate box:

- COSCA Counselling Skills Certificate Course**
- Other Counselling Skills Certificate Course**
- Diploma Course**
- Specialist Course**
- COSCA Counselling Supervision Course**
- Other Counselling Supervision Course**

Please specify name of Course and Section/Module for Revalidation

Date of Expiry of Current Validation

Name of Organisation

Address

Post Code

Name of Contact Person

Telephone No.

Email address

Membership Number of Organisation

Date Received:	
Fee Received:	

1. Organisational Structure

Please indicate the nature and impact of any changes to the constitution/memorandum and articles/structure of the organisation/agency since COSCA validation was previously awarded, (or since the completion of the most recent Annual Monitoring Form, whichever is most recent).

2. Academic Validation

Please give details of any academic validation you may have for the Course, e.g. SCQF level and credit rating, awarding body, etc.

3. Evaluation Procedures

1. Revalidation Internal Evaluation Report

(500-1000 words)

Please report and reflect on the following criteria, across the previous *two* years of course validation. Please ensure that your writing has an exploratory, discursive style:

- The organisations evaluating procedures for monitoring the course
- The nature and impact of any changes to the course; for instance, with regards to structure, content, delivery, learning outcomes and assessment methods
- Key achievements and strengths of the course; for instance, with regards to academic validation, increased participant interest and take up of the course, participant retention levels, positive feedback from participants, positive publicity, published research, achievements of participants/former participants, employment secured by former participants within the counselling/psychotherapy field and achievements of its trainers
- Interpersonal dynamics of the delivery team and staff culture
- Quality assurance issues and challenges experienced by the course and how the difficulties identified were resolved
- Critical feedback from course participants and how it was responded to
- The ways in which the course learning outcomes are monitored and reliably assessed
- Any other areas identified for development
- Any other relevant information regarding the course

Please enclose your organisation's Revalidation Internal Evaluation report

Report enclosed (please tick to confirm)

4. Current Course Trainers

To obtain Revalidation, the core training team must have at least one COSCA accredited trainer at the appropriate level (Certificate or Diploma level).

All non COSCA accredited trainers involved in the delivery of the course are required to complete and submit for approval the Non-COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated Course – www.cosca.org.uk – Validation – General. If they have been delivering training for 2 years or more, they must be COSCA accredited in order for Full Validation to be awarded.

You must also provide a completed Report of Trainer's Competence for all current trainers who are not accredited by COSCA – please see **Appendix 1: Report of Trainer Competence for Non-Accredited Trainers**.

Please provide the details of current trainers requested in **Appendix 2: Details of Current Trainers**.

Application to deliver training form(s) enclosed

Appendix 1 enclosed

Appendix 2 enclosed

5. Number of Cohorts

How many cohorts of participants have completed the course to be revalidated (*over the last 2 years*)?

6. External Assessor's Details and Report

Please supply details of your External Assessor

Name

Address

Post Code

Telephone No.

Email address

10.2 Please attach a short report from your External Assessor that notes developmental outcomes over the previous validation period and includes explicit recommendations for revalidation.

Report attached

11. Declaration

I declare that:

- to the best of my knowledge and belief, the information provided in this form 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 specified Course
- I understand that a failure to disclose relevant information during the process or the period of validation can lead to termination of the course validation
- I understand that by 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 31 October each year.

Name of Contact Person (please sign)

Name of Contact Person (please print)

Designation within the Organisation

Name of the Organisation

Date

Revalidation 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 - About Us/Fees

Payment

I am paying the revalidation fee of:

Direct to Bank:

Clydesdale Bank PLC

Sort Code: 82 68 05

Account Number: 70174110

Date paid:

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.



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COSCA REVALIDATION APPLICATION

APPENDIX 1: NON-ACCREDITED TRAINERS OBSERVATION REPORT OF TRAINER COMPETENCE

- This form must be completed for all non COSCA Accredited Trainers during the period covered by this Annual Monitoring Form
All non COSCA Accredited Trainers must be observed for the purposes of completing this Form
You must comment on the trainers performance and qualities and the extent to which they meet each competency

Details of Non Accredited Trainer

Name
Address
Post Code
Telephone Number
Email Address

Details of Validated Provider

Name of Provider
Address
Post Code
Name of Contact Person and Designation
Telephone Number
Email Address

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 learners' 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

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

APPENDIX 2: DETAILS OF CURRENT TAINERS

COSCA REVALIDATION APPLICATION

- This form must be completed for all trainers currently involved in the delivery of the course.
- Please complete by ticking the appropriate box alongside each of the names of your trainers.
- Please note that Application to Deliver Training forms are required for all Non COSCA Accredited Trainers prior to their delivery on the course.
- Please note that the Reports of Trainer Competence for all Non COSCA Accredited Trainers are required each year.

Name & E-mail Address	COSCA Accredited Trainer <i>Please</i> ✓	Date started training delivery <i>Please Enter Date</i>	Up-to-date Application(s) to Delivery Training forms Attached <i>Please</i> ✓	Report of Trainer Competence Attached <i>Please</i> ✓	Trainer Accreditation Application Submitted <i>Please</i> ✓
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	Diploma	Cert				