



**COSCA (Counselling & Psychotherapy in Scotland)**  
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**COSCA REGISTRATION OF PARTICIPANTS  
 FOR USE BY ALL COSCA VALIDATED COURSE PROVIDERS**

**This form is a request for the registration and issuing of certificates for participants on COSCA Validated Courses.**

Please submit the form at the end of each Module.

- Cost per participant per registration: £3.50 (Per Module/Block/Diploma)
- Cost per Certificate issued by COSCA: £10.00
- Participants who have Unsuccessfully Completed should also be registered. There is no charge for this registration.
- An invoice will be sent upon receipt of this form
- A charge of £10.00 will be made for duplicate Certificates where a spelling error has been made on this form.
- Please indicate if APL/APEL has been given.
- Successful participants need to have met all the learning outcomes and the attendance requirements of the course
- If the course has been awarded a SCQF level and credits, it needs to be delivered accordingly
- As per COSCA Validation Guidelines, COSCA allows 8 weeks from receipt of the form to register/issue certificates. This timescale is normally only in exceptional circumstances.

<b>Name and Address of Validated Training Provider:</b>	
<b>Email address of contact person:</b>	
<b>Name of contact person:</b>	

<b>Course Type</b>	<b>Title of Course to be Registered</b>
COSCA Counselling Skills Certificate	
Other Counselling Skills Certificate	
COSCA Counselling Supervision	
COSCA Counselling Supervision Skills	
Other Counselling Supervision Course	
COSCA Further Steps in Counselling Skills	
COSCA Group Counselling Skills	
Diploma	
Specialist	

<b>Date of Commencement of Module/Course (Please indicate date of commencement of each Module if relevant)</b>	<b>Date of Completion of Module/Course (Please indicate date of completion of each Module if relevant)</b>	<b>If the Course is Modular, please enter the Module to be Registered i.e. Module 1, 2, 3 or 4</b>	<b>Certificate to be Issued</b>	
			<b>Yes</b>	<b>No</b>

Surname of Participant	First Name of Participant	Date of Birth	Current Address	Successfully Completed. Please ✓  APL/APEL given (please indicate)	Unsuccessful Please ✓	Attendance Requirements met Please ✓	Participant Workplace i.e. social work, health, education

**DECLARATION: I declare that all the above successful students have been assessed and have met all the Learning Outcomes and attendance requirements as outlined in this COSCA Validated Course.**

<b>Signature</b>	<b>Please print name</b>	<b>Designation within Organisation</b>
<b>Date</b>		