



COSCA (Counselling & Psychotherapy in Scotland)
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COSCA TRAINER ACCREDITATION

APPLICATION

Trainers Delivering:

- Diploma Courses in Counselling
- Specialist Courses (Diploma Level)

Please read the Accreditation of Trainers at Diploma Level Delivering Diploma Courses in Counselling / Specialist Courses (Diploma Level) - Guidelines and Criteria in order to complete this application – www.cosca.org.uk – Accreditation – Trainer. Applicants are required to use the current Guidelines and Application Forms

PART I: PERSONAL DETAILS
Surname
Forename(s)
Title
Address
Post Code
Email
COSCA membership Number and category

I am applying for one of the following (please tick):

a) Accreditation as a Trainer delivering a Diploma Course in Counselling	<input type="checkbox"/>
b) Accreditation as a Trainer delivering a Specialist Course (Diploma Level)	<input type="checkbox"/>

- Please use Appendix A in this document: Application Elements Checklist to check that you have submitted all the evidence required for each criteria stated in the Accreditation of Trainers at Diploma Level delivering a Diploma Course in Counselling or Specialist Course (Diploma Level) - Guidelines and Procedures.
- You are requested to make clear where that evidence is to be found in your submission.
- In the parts of the application that ask you to submit a written report with a minimum and maximum number of words, you are required to specify a word count.

Office Use	Received	
	Payment	

PART II: DISCLOSURE

Information given below will not necessarily exclude you from accreditation.

1. Have you had membership of any professional counselling/psychotherapy body withdrawn?

YES

NO

If "YES", please give details.

2. Do you have any criminal convictions (unspent) under the Management of Offenders (Scotland) Act 2019, or proceedings pending against you?

YES

NO

If "YES", please give details.

3. Do you have any professional complaint or disciplinary proceeding brought against you, which was successful or is currently pending?

YES

NO

If "YES", please give details.

4. Have you ever been listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

5. Are you currently listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

PART III: SUBMISSION CHECKLIST

I have checked the following:

- I have submitted all the required evidence to support each criteria
- All the evidence is accurately labelled with the appropriate reference numbers
- I have given a word count of all reports submitted
- My application has been verified
- I have read, signed and dated the declaration below
- I have enclosed the current Trainer Accreditation fee

PART IV: DECLARATION

I declare that:

- I. I am applying for COSCA Trainer Accreditation at Diploma Level and agree to abide by the current COSCA Guidelines and Procedures for the Accreditation of Trainers at Diploma Level Delivering Diploma Courses in Counselling or Specialist Courses (Diploma Level), to be bound by COSCA's Memorandum and Articles of Association, and to abide by COSCA's Statement of Ethics and Code of Practice
- II. The evidence I have submitted gives an accurate portrayal of my training and experience in counselling.
- III. I will inform COSCA of all successful or pending criminal, civil, complaint or disciplinary proceedings brought against me in the future which are relevant to my involvement with counselling skills training
- IV. I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for Trainer Accreditation.
- V. I have appropriate and adequate public and professional liability insurance cover for all my counselling work
- VI. To the best of my knowledge and belief the information provided in this application is correct and I understand that a failure to disclose on application or during the period of Trainer Accreditation can lead to termination of my Trainer Accreditation and COSCA Membership.
- VII. I will comply with COSCA's arrangements for handling complaints and concerns. (If you wish a copy of COSCA Complaints Procedure, please contact the COSCA office.)

Print Name:

Signature:

Date:

APPENDIX A: APPLICATION ELEMENTS CHECKLIST

**Application for Trainer Accreditation at
Diploma Level**

Criteria	Evidence	Included (tick) ** see below
1.0 Application	Application form and cheque	
2.1 Membership of COSCA	Membership category and number	
2.2 Application Form	Application form completed	
2.3 Counselling Qualifications	COSCA Diploma in Counselling or equivalent Practitioner Membership of COSCA	
2.4 Counselling Training Experience: Trainers Delivering Diploma Courses in Counselling OR 2.5 Counselling Training Experience: Trainers Delivering Specialist Courses (Diploma Level)	Significant involvement in delivery of a COSCA Validated/Initially Validated Diploma Course in Counselling Evidence of support available and reflection on it Significant involvement in delivery of a COSCA Validated/Initially Validated Specialist Course (Diploma Level) Evidence of support available and reflection on it	
2.6 Professional Development	Statement (500 words maximum) Attendance at trainer events Account of CPD	
2.7 Supervision of Training Practice	Arrangements for supervision Name of individual supervisor	
2.8 Trainer Qualifications	Trainer qualifications	

**** Please include in the end column the appropriate page number from your application.**

APPENDIX B: COUNSELLING EXPERIENCE – TRAINERS DELIVERING DIPLOMA COURSES IN COUNSELLING

Application for Trainer Accreditation at Diploma Level

Complete the table below with the number of hours you have completed for each of the nine elements.

Element	Number of Hours
Writing and managing the programme (including selection of the syllabus) (min. 178 hours)	
Teaching theory (in 'classroom' conditions) (min. 45 hours)	
Leading skills training sessions (e.g. Triads) (min. 60 hours)	
Tutoring (e.g. for written assignments), including marking (min. 120 hours)	
Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants (min. 150 hours)	
Co-ordinating or organising placements and relating to managers (min. 50 hours)	
Co-ordinating experiential groups which are an integral part of the course (min. 90 hours)	
Taking part in formal assessment procedures (min. 192 hours)	
Giving continuous feed-back on personal and professional development to participants (min. 120 hours)	

<ul style="list-style-type: none"> ➤ You are required to demonstrate evidence of yourself as a reflective trainer by providing no more than 2 examples of how your training practice meets each of the elements, outlining what you do as a trainer, how you do it, and the significance of this to your development as a trainer. You are required to evidence each element in a reflective, and exploratory style, giving a sense of both your strengths as a trainer and of your identified areas for development.
<ul style="list-style-type: none"> ➤ You are required to provide a reflective statement (no more than 500 words) on the formal and informal support you receive as a counselling trainer.

**APPENDIX C: COUNSELLING TRAINING EXPERIENCE:
TRAINERS DELIVERING SPECIALIST COURSES
(DIPLOMA LEVEL)**

**Application for Trainer Accreditation at
Diploma Level (Specialist Courses)**

Element	Number of Hours
Writing and managing the programme (including selection of the syllabus)	
Teaching theory (in 'classroom' conditions)	
Leading skills training sessions (e.g. Triads)	
Tutoring (e.g. for written assignments), including marking	
Delivering group counselling supervision with one or more cohorts of participants and co-ordinating counselling supervisors for participants	
Co-ordinating or organising placements and relating to managers	
Co-ordinating experiential groups which are an integral part of the course	
Taking part in formal assessment procedures	
Giving continuous feed-back on personal and professional development to participants	

Complete the table below with the number of hours you have completed for your selected elements (five minimum).

You are required to provide the following:

- You are required to demonstrate evidence of yourself as a reflective trainer by providing no more than 2 examples of how your training practice meets no less than 5 of the elements, outlining what you do as a trainer, how you do it, and the significance of this to your development as a trainer. You are required to evidence the elements (no less than 5) in a reflective, and exploratory style, giving a sense of both your strengths as a trainer and of your identified areas for development.
- You are required to provide a reflective statement (no more than 500 words) on the formal and informal support you receive as a counselling trainer

APPENDIX D: PROFESSIONAL DEVELOPMENT

**Application for Trainer Accreditation at
Diploma Level**

You require 18 hours (or more) of Continuous Professional Development a year for the past two years.

Dates Year 1	No. of hours	Dates Year 2	No. of Hours	Type of Activity/Experience	Outcomes Achieved

Total Number of Professional Development Hours:

Year 1:

Year 2:

APPENDIX E: VERIFICATION OF APPLICATION

Application for Trainer Accreditation at Diploma Level

1. Applicant's Name:

Please enter your name below and type of course being delivered and pass this form with your complete application to a suitable verifier.

Name:

Diploma Course in Counselling

Specialist Course (Diploma Level)

Verifier:

The applicant named above is intending to apply to COSCA for accreditation as a trainer at Diploma Level. Please read her/his complete application and complete the statement below if appropriate.

I declare that I have read the attached application and confirm that it accurately reflects the knowledge, skills and experience of the applicant named above.

Name of Verifier

Position held

Address of Verifier

Post Code

Telephone Number

Email address

Signature of Verifier

Date

Payment

Please note that payment requires to be made before the Panel meeting date.

Please refer to www.cosca.org.uk – Costings for payment fee.

I am paying the Accreditation 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 give invoice details if different from your own details