



COSCA (Counselling & Psychotherapy in Scotland)
 16 Melville Terrace | Stirling | FK8 2NE
 t: 01786 475 140 f: 01786 446 207
 e: info@cosca.org.uk w: www.cosca.org.uk

Payment details	Membership No.

Office Use

ORGANISATIONAL MEMBERSHIP
<p>Application for membership: (please tick one of the following categories)</p> <p style="padding-left: 40px;"><i>Full Organisational Member</i></p> <p style="padding-left: 40px;"><i>Organisational Companion Member</i></p> <p style="padding-left: 40px;"><i>Corporate Organisational Member</i></p>

1. CONTACT DETAILS
Name of Organisation:
Organisation Address:
Post code:
Work telephone no:
Fax No:
Organisation's Email:
Organisation's Website:
Contact Person:
Surname:
Forename(s):
Title:

2. PERIOD OF OPERATION OF THE ORGANISATION

Please give the time period that your organisation has been in existence. If this is less than one year, please also complete Section 11.

3. COSCA JOURNAL

COSCA will publish the name of your Organisation in the listing of new COSCA Members in the COSCA Journal – *Counselling in Scotland*

4. IF YOUR ORGANISATION IS A CHARITY OR COMPANY, PLEASE GIVE ITS NUMBER:

Charity Number:

Company Number:

5. PLEASE GIVE A BRIEF DESCRIPTION OF THE ORGANISATION'S MAIN AIMS AND ACTIVITIES

6. PLEASE GIVE A BRIEF DESCRIPTION OF THE STRUCTURE OF YOUR ORGANISATION.

For the purpose of COSCA Membership, an organisation needs to consist of at least two individuals who are involved in the organisation.

In instances where an organisations structure is such that it does not have a management committee or equivalent, it is essential that the organisations evidence that it has an external and independent person who will deal with complaints.

7. PLEASE DESCRIBE THE ORGANISATIONS INVOLVEMENT WITH COUNSELLING/COUNSELLING SKILLS AND IN PARTICULAR HOW IT FULFILS THE CRITERIA FOR THE CATEGORY OF MEMBERSHIP BEING APPLIED FOR. PLEASE NOTE THAT THE MINIMUM REQUIREMENT OF TRAINING FOR COUNSELLORS/VOLUNTEERS IN A COUNSELLING SKILLS ORGANISATION IS THE COSCA COUNSELLING SKILLS CERTIFICATE (120 HOURS) OR EQUIVALENT.

Please refer to page 6 of the COSCA membership Information leaflet on the COSCA website:
www.cosca.org.uk

8. PLEASE STATE ORGANISATIONAL MEMBERSHIP OF OTHER PROFESSIONAL BODIES IN THE FIELD OF COUNSELLING AND PSYCHOTHERAPY.

Period of Membership (If no longer a member, give reason(s) for this.)	Professional Body	Category of Membership

9. DISCLOSURE

Has the organisation applied before for this category of membership of COSCA or has it been refused membership by any other membership organisation?

YES

NO

If **YES**, please state when this occurred and the reason for membership not being granted.

10. THE FOLLOWING ITEMS SHOULD BE ENCLOSED WITH YOUR APPLICATION. IF YOU ARE UNABLE TO PROVIDE ANY ITEM PLEASE GIVE THE REASON

Please tick:

Your organisation's constitution and/or Memorandum and Articles of Association

Your organisation's Complaints Procedure

Your organisation's Equal Opportunities Policy

List of Management Committee members or Board of Directors

Independently approved/audited accounts for your last financial year

Details of all criminal, civil, complaint or disciplinary proceedings brought against the organisation which were successful or are currently pending and that are relevant to this application.

Please Note:

It is a requirement that your Complaints Procedure meets the standards set by COSCA. You will find our complaints procedure standards on www.cosca.org.uk

Please submit your Complaints Procedure showing where it has met the standards.

11. NEWLY ESTABLISHED ORGANISATIONS (IN EXISTENCE FOR LESS THAN ONE YEAR BEFORE APPLYING FOR COSCA MEMBERSHIP)

Please give the time period that your organisation has been in existence:

COSCA welcomes applications for membership from new organisations, including those who have not yet fully developed their work plan but are in the process of doing so.

If your organisation has been in existence for less than one year before applying for COSCA membership, you are required to submit the additional evidence listed as follows:

1. Evidence of the formation of your organisation, including the date of formation
2. A diagram of the structure of your organisation
3. A business plan showing clearly the lines of accountability, projections for the future, and the financial procedures and structures in place, and how these are audited
4. Evidence of how your governing body and/or principle committees are appointed, their remits, and how often they meet
5. A list of the names and addresses of all the people in the governing body and/or principle committees
6. Information about the premises used by the organisation and the resources available to those who work for the organisation and those who receive services from it

12. REFEREE

Please submit a reference from an individual who is independent of your organisation but knows your organisation's work well.

On receipt of the reference, COSCA may contact your referee direct to discuss your application.

The referee requires to provide the following information:

- Relationship to the officers and others within the organisation
- Length of relationship(s) with the organisation and relevant officers
- His/her capacity to provide the reference
- His/her knowledge of the organisation and officers
- Any reasons why he/she may believe the organisation and the named individuals involved in the running of it should not be awarded COSCA membership
- Any situations, past or present, involving those named above and/or to be involved in the organisation that would bring the counselling/psychotherapy field into disrepute, on the organisation being awarded membership
- Any reason to believe that the organisation and those named above and/or to be involved in the organisation, on being awarded membership, may bring COSCA (Counselling & Psychotherapy in Scotland) into disrepute.'

Please also give details below of your referee.

Name:

Address:

Post Code:

Telephone:

Email Address:

13. MEMBERSHIP FEE

Organisation's Annual Income	Organisational Membership	Organisational Companion Membership	Corporate Membership **
Income to £100,000	£78	£48	£78
Income between £100,001 - £300,000	£155	£88	£155
Income above £300,000	£238	£155	£238

** Corporate Membership: Plus a charge of £38 per annum per local service.

• **If applying for Full Organisational or Organisational Companion Membership:**

Membership fee of £ _____ plus donation: £ _____
 COSCA Membership Certificate Issued: + £10.00 (Optional)
Total Amount: £ _____

• **If applying for Corporate Membership:**

Membership Fee of £ _____ plus donation of: £ _____
 COSCA Certificate of Membership Issued + £10.00 (Optional)
 Number of Local Services: _____ x£38.00 per Service = £ _____
 COSCA Membership Certificate Issued = £10.00 per Service = £ _____
Total Amount: £ _____

Payment of membership fee.

COSCA prefers applicants to make membership payments direct to the bank.
 Please give the name of your organisation as a COSCA statement reference when making the payment.

Clydesdale Bank PLC. Sort Code: 82 68 05. Account Number: 70174110

I am paying direct via the bank Date Paid:

I enclose a cheque made payable to COSCA

I require an invoice (invoice charge £2.00)

Invoice address, if different.

Please note the following:

- COSCA holds quarterly meetings to approve membership applications. Applicants will be notified of the outcome of their application within 3 weeks of the meeting, unless there are extenuating circumstances.
- Only fully completed applications will be considered by the COSCA Corporate Affairs Group.
- Cheques will be cashed on receipt
- A full refund will be made if the application is not approved
- Following the award of COSCA membership, no membership fees will be returned.

14. DECLARATION

On behalf of the above named organisation I declare that:

1. The organisation agrees to abide by COSCA's Statement of Ethics and Code of Practice
2. The organisation will comply with COSCA's arrangements for handling complaints and concerns. Please refer to www.cosca.org.uk
3. The organisation will provide such information as COSCA may require from time to time in order to confirm the organisation's continuing eligibility for its category of membership fee.
4. The information given in support of this application is, to the best of my knowledge and belief, true and complete. I understand that if it is subsequently discovered that any statement is false or misleading or that relevant information has been withheld the application may be disqualified or, if membership has already been granted, that membership may be revoked.

Signature:

Please Print Name:

Designation within the Organisation:

Date:

15. COSCA RECOGNITION SCHEME FOR ORGANISATIONS

COSCA's Recognition Scheme for Organisations is a quality assurance scheme that sets standards for counselling, psychotherapy and counselling skills organisations in Scotland. The Scheme offers organisations a reflective tool to increase organisational awareness, external recognition by a professional body and a 'kite mark' demonstrating a high standard of service provision. Please refer to our website for further information on the Recognition Scheme www.cosca.org.uk

I wish to learn more about the COSCA Recognition Scheme for Organisations.

Please tick as appropriate

YES

NO



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APPLICATION FOR LISTING

on the COSCA Directory of COSCA Organisational Members

On being awarded Organisational membership of COSCA, the details of your organisation will be listed on www.cosca.org.uk

The minimum details that will be listed are name, contact details and the services provided as given in your application.

If you wish any further details to be added to your listing, please complete this form.

Please tick below to indicate in which other Directory your details should be entered:

CHILDREN SERVICES

VOLUNTARY SECTOR SERVICES

COSCA reserves the right to edit the information given.

Name of Organisation:	
Address:	
Town:	
City:	
Post Code:	
Telephone No:	
Mobile No:	
Email address:	
Website:	

Services Provided to e.g. Children, Young People, Individuals, Groups, Long Term, Short Term, Blind, Deaf, BME etc.	
Languages Used and Fluency Level:	
Accessibility to Premises:	
Areas of interest	
Fees/Donations accepted:	

Please ✓ the following as appropriate:

I agree to this information being displayed on the COSCA Website:

Signed on behalf of the above named Organisation:

Please Print Name:

Designation:

Date:

Thank you for your co-operation.