



COSCA (Counselling & Psychotherapy in Scotland)
16 Melville Terrace | Stirling | FK8 2NE
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e: ashleigh@cosca.org.uk w: www.cosca.org.uk
Office Use

Finance	Membership Details

Application for COSCA Membership: Accredited (Other UK Professional Body) Counsellor/Psychotherapist Member of COSCA

Notes to Applicants:

- Applicants for membership must be residing and practising in Scotland for at least 3 months prior to submitting an application.
- This category of membership requires you to be currently accredited with another recognised UK professional body for counselling and psychotherapy, and that you wish to also become an Accredited (Other UK Professional Body) Counsellor/Psychotherapist Member of COSCA.
- COSCA understands accreditation to be a means by which counsellors/psychotherapists, post training/qualification, can demonstrate their competence and have their personal and professional development acknowledged independently by an appropriate body. For information on COSCA Accreditation – www.cosca.org.uk
- On awarding of this category of membership, data entry on the **COSCA Register of Counsellors and Psychotherapists is mandatory. The Register is Accredited by the Professional Standards Authority** www.professionalstandards.org.uk/accredited-registers please refer to the entry listing form attached to this application.
- COSCA Members are required to show that they are members of COSCA on their printed and online material e.g. by using the COSCA logo.
- COSCA Registrants are required to use the Professional Standards Authority Accredited Registers Logo.
- In a bid to streamline the application process, reduce environmental impact and physical storage space, COSCA requests that you submit your application and supporting documents electronically.
- Please email your completed application and supporting documents to ashleigh@cosca.org.uk
- If you are unable to send the application electronically, you can post it to the COSCA office - please see the address above.

1. CONTACT DETAILS

Surname:

Forename(s):

Title:

Address:

Postcode:

Telephone No:

Work No:

Email:

2. CURRENT COSCA MEMBERSHIP NUMBER (If applicable)

COSCA Membership Number:

3. MEMBER'S OWN COMPLAINTS PROCEDURE

As an Individual Member of COSCA, if you have your own Complaints Procedure, you are required to submit this to COSCA for approval. If you do not have your own Complaints Procedure, you must use COSCA's Complaints Procedure.

Do you have your own Complaints Procedure:

YES

NO

If yes,

Own Complaints Procedure attached

It is a requirement that your Complaints Procedure meets the criteria set by COSCA in the following document – COSCA Standards for Complaints Procedure. Please see www.cosca.org.uk

4. PRIVACY NOTICE

We collect personal information from those who apply to become individual members or subscribers and details relating to organisational membership. We also collect information at the time of renewal of membership, when members voluntarily provide feedback to us, and when they complete surveys for us.

We will use this information:

- ✓ To make a decision about your suitability to join COSCA or be a subscriber
- ✓ To maintain our records
- ✓ To inform, on request, third parties concerning whether or not named individuals are currently members or subscribers of COSCA and the category of membership held
- ✓ To send you information about COSCA's work and services
- ✓ To send you information from other organisations and individuals that we consider to be of interest to you.

COSCA will not share your information for marketing purposes with other organisations and individuals. For more information on how we use your information, please see our Privacy Notice on www.cosca.org.uk

Publication of Sanctions – Please refer to the above Privacy Notice for information.

5. COSCA JOURNAL

COSCA will publish your name in the listing of new COSCA Registrants in the COSCA Journal – *Counselling in Scotland*.

6. PROFESSIONAL PRACTICE

Information supplied below will not necessarily exclude you from COSCA membership.

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

YES

NO

If your answer is **YES**, please give details.

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

YES

NO

If your answer is **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 your answer is **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

7. ACCREDITING ORGANISATION

Information about your Accreditation as a Counsellor/Psychotherapist

Name, address and website of Organisation that awarded Accreditation:

Accredited Counsellor/Psychotherapist
Reference Number (if known):

Please submit a summary of the criteria used for awarding Accreditation.

Attached

Date of Commencement of Accreditation:

Date of Renewal of Accreditation:

8. MEMBERSHIP OF A UK PROFESSIONAL BODY AS AN ACCREDITED COUNSELLOR/PSYCHOTHERAPIST

Information about your Membership of a UK Professional Body as a Counsellor/Psychotherapist

Name, address and website of UK Professional Body:

Accredited
Counsellor/Psychotherapist
Reference No. (if known):

Category of
Membership:

Date of Commencement of Membership:

Date of Renewal of Membership:

9. CURRENT COUNSELLING PRACTICE

Please provide evidence of your current counselling practice over the last 3 months, including evidence of counselling supervision and the ratio thereof.

Evidence enclosed: *Please tick*

10. CORE TRAINING/COUNSELLING ORIENTATION	
10.1 Core Training	
Criteria You must have successfully completed a COSCA validated diploma or equivalent in counselling or psychotherapy. (Please contact COSCA to obtain details on equivalency).	
Evidence Successful completion of diploma course in counselling equivalent or higher than the COSCA Validated diploma. Did you evidence the above core training (or equivalent) for your current accreditation? ☐ YES ☐ NO	
10.2 Core Counselling Orientation	
Criteria You must have successfully completed a personal statement of your core counselling orientation for accreditation.	
Evidence A statement of your core counselling orientation and particular professional interests. Did you provide a similar statement for your current accreditation? ☐ YES ☐ NO	
If no, please submit a personal statement of your core counselling orientation (between 1500-2000 words).	

11. THERAPEUTIC ALLIANCE	
Criteria You must have successfully completed, for accreditation, a statement demonstrating that you were able to establish, maintain and develop a therapeutic alliance with clients.	
Evidence A statement demonstrating that you were able to establish, maintain and develop a therapeutic alliance with clients. Did you submit a statement or similar for your current accreditation? ☐ YES ☐ NO	
If no, please submit the above statement (1000 words), which includes what you understand by the development of a therapeutic relationship. This statement should detail how you establish, maintain, and end a therapeutic relationship, including the core skills you need to display and demonstrate to facilitate such a relationship.	

12. PRACTICE

Criteria

You must have accrued for accreditation:

- a minimum of 450 hours of supervised counselling practice
- completion of at least two years supervised counselling practice at post-qualifying level (average 90 hours per year, and a minimum of 60 hours per year).

Evidence

A statement that you have completed a minimum of 450 hours of supervised counselling practice and at least two years of supervised counselling practice at post-qualifying level

Have you accrued the above supervised hours of practice and met the completion of two years of supervised practice referred to above?

YES

NO

If no, please state the number of supervised counselling practice hours completed.

13. ASSESSMENT SKILLS AND REFERRAL SYSTEM

Criteria

You must have successfully completed for accreditation a brief statement describing how you assess the needs and limitations of your clients and how you recognise appropriate clients for referral, with examples of how and when you have referred clients to other appropriate forms of help.

Evidence

A brief statement describing how you assess the needs and limitations of your clients and how you recognise appropriate clients for referral.

Did you provide a similar statement for your current accreditation?

YES

NO

If no, please provide a similar statement (500 –1000 words).

14. SUMMARY OF RECENT WORK

Criteria

You must have successfully submitted evidence showing your ability to work with a variety and range of clients.

Evidence

Evidence of your ability to work with a variety and range of clients

Did you provide evidence on working with a variety and range of clients for your current accreditation?

YES

NO

If no, please describe the variety and range of clients with whom you work. *Use separate page if necessary.*

15. WORK SETTING AND ARRANGEMENTS

Criteria

You must have completed for accreditation a statement on the setting where your counselling/therapy work was undertaken and the arrangements for the ethical conduct of the counselling sessions e.g. client safety, record keeping, confidentiality, appointments and information to clients

Evidence

A statement on the setting where your counselling/therapy work was undertaken and the arrangements for the ethical conduct of the counselling sessions

Did you submit a brief statement or similar on the above for your current accreditation?

YES

NO

If **NO**, please submit the above statement.

16. CLIENT CASE STUDY

Criteria

You must have successfully submitted for accreditation a client case study that is consistent with your orientation.

Evidence

A client case study that is consistent with your orientation.

Did you submit a client case study that is consistent with your core orientation for your current accreditation?

YES

NO

If **NO**, please submit a client case study (1500 – 2000 words).

17. SUPERVISION (Please refer to COSCA's Statement of Ethics and Code of Practice, Section 8. For more information relating to Supervisors)

On being awarded membership of COSCA, you must ensure that you have sufficient hours of supervised counselling/therapy practice appropriate to your counselling/therapy work, as follows:

- counsellors who have been accredited for less than 5 years with another UK professional body should have not less than 1.5 hours supervision per month, and the ratio should be appropriate to the volume and nature of client work. This level is not directly linked to the number of counselling hours. When the 1.5 hours per month level means that accredited counsellors would require more counselling supervision than under the standard 1:12 ratio, they can opt to follow the 1:12 ratio. The above levels are the recommended minimum level of counselling supervision and are not maximum levels. Depending on their assessment of the volume and nature of the client work, accredited counsellors would be expected to increase these levels.
- counsellors who have been accredited for more than 5 years should have not less than one hour supervision per month, and the ratio should be appropriate to the volume and nature of client work.
- the years of counsellor accreditation with another UK professional body count towards the 5 years of accreditation necessary to fulfil the requirement of the 1.5 hours and one hour of supervision per month.

How many years have you been accredited with your current professional body?

Years

18. COUNSELLING/PSYCHOTHERAPY SUPERVISOR

18.1 Supervisor's Details

Name:

Address:

Post Code:

Telephone (Home):

Telephone (Work):

Email:

18.2 Membership of Professional Counselling/Psychotherapy body (Supervisor)

Name of body:

Membership category/number:

19. CONTINUING PROFESSIONAL DEVELOPMENT

Criteria

You must have had an average of at least 18 hours of CPD for each year you have been accredited.

Evidence

An average of at least 18 hours of CPD for each year you have been accredited.

Have you achieved the above number of CPD hours for each year you have been accredited?

YES

NO

If no, please state the number of CPD hours you have had on average per annum.

Number of Hours:

20. REFLECTIVE PRACTITIONER

Criteria

You must have engaged in a process of exploration and growth for accreditation

Evidence

A statement showing that you engaged in a process of exploration and growth.

Did you submit a statement for your current accreditation that evidenced you having undertaken a process of personal exploration and growth, and showed how this impacted on your work as a counsellor/psychotherapist?

YES

NO

If no, please submit the above statement (maximum 1500 words).

21. MEMBERSHIP FEE

Accredited (Other UK Professional Body) Counsellor/Psychotherapist
Membership: £58.00

Accredited (Other UK Professional Body) Counsellor/Psychotherapist
Membership (Reduced Rate): £48.00

DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy in Scotland)

COSCA prefers you to make membership payments by direct payment to COSCA's bank. Please see below for information in order to process this.

Name of Bank: Virgin Money, Murray Place, Stirling FK8 2BX
Sort Code: 82 68 05
Account No.: 70174110
Account Name: COSCA (Counselling & Psychotherapy in Scotland)

Please give your name when paying via your bank. If this does not happen it could be that your payment is not recorded against your personal payment for membership.

Please tick the appropriate box(s):

☐ I am applying for the standard rate of membership (plus donation if desired)

☐ I am applying for the reduced rate of membership due to financial hardship or low income

☐ I am paying direct to the bank Date paid:

☐ I am enclosing a cheque made payable to COSCA.

☐ I require an invoice (invoice charge £2.00)

Membership Fee of £ plus donation £

Invoice charge (if applicable)

Invoice Address (if different from Contact Details)

Total amount £

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 refunded.

22. DECLARATION

I declare that:

1. I apply for apply for Accredited Counsellor/Psychotherapist Membership and agree to be bound by COSCA's Memorandum and Articles of Association and abide by COSCA's Statement of Ethics and Code of Practice.
2. I will comply with COSCA's arrangements for handling complaints and concerns. Please see www.cosca.org.uk
3. I have a minimum supervised practice of 90 client hours per year involving at least 3 clients
4. I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for my category of membership or subscription rate
5. I will inform COSCA of all criminal, civil, complaint or disciplinary proceedings brought against me in the future, which are relevant to my involvement with counselling/psychotherapy
6. I have appropriate and adequate public and professional liability insurance cover for all my counselling/psychotherapy work
7. The information I have given in support of my 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 I have withheld relevant information my application may be disqualified or, if I have already been granted membership, that membership may be revoked.
8. I give COSCA (Counselling & Psychotherapy in Scotland) permission to contact my accreditation awarding body/UK Other Professional Body to verify my membership and accreditation status
9. I have read and agree with COSCA's Privacy Policy.

Please Print Name:

Signature: Please insert your electronic signature.

If this is not possible, please type your email address and we will match it to the email address the form has been sent from to confirm your identity

Date:



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COSCA REGISTER OF COUNSELLORS AND PSYCHOTHERAPISTS

PROFILE OF COSCA REGISTRANT

Please note:

Under Data Protection legislation COSCA requires your consent for entry of your personal data on the COSCA Register of Counsellors and Psychotherapists. This form is:

- ✓ part of the membership application and requires **to be signed and dated** and returned with the application for membership
- ✓ to be used for the updating of your profile on the Register
- This Register is Accredited by the Professional Standards Authority - www.professionalstandards.org.uk/accredited-registers
- Entry of data on the Register is mandatory for all eligible members who meet the Register's requirements for entry
- The Register can be accessed on www.cosca.org.uk – 'Find a Therapist' and information about the contents of entry on the Register are contained in the 'About the Register & Registrants' section of the Register. It is important that all applicants for membership make themselves aware of these contents before applying.
- Please also see COSCA's Mandatory Registration and Opting Out Policies on www.cosca.org.uk

To be eligible for entry of your data on the Register, members need to hold one of the following registrant categories:

COUNSELLOR MEMBER (ORGANISATIONS)

COUNSELLOR MEMBER

PRACTITIONER MEMBER

ACCREDITED COUNSELLOR/PSYCHOTHERAPIST MEMBER OF COSCA

The following section is mandatory and requires to be completed.

MANDATORY INFORMATION	
Registrant Name	
Registrant (membership) Category	
Registration (membership) Number (if known)	

Although completion of the following section is optional, this form requires to be signed and to be dated and returned in its entirety with the application for membership.

COSCA strongly encourages you to complete the remainder of the form. ***This will enable the public to access your counselling and/or psychotherapy service through name, postcode and specialist area searches.***

OPTIONAL INFORMATION	
Primary Contact Details: Please provide name and address in the sections below.	
Name of Practice (if appropriate)	
Address:	
Street	
Town	
City	
Post Code	
Telephone Number	
Mobile Number	
Email Address	
Website Address	
Support Provided, i.e. Individuals, Couples, Groups, Young People, Counselling to Blind/Deaf Community, BME Community, etc.	
Theoretical Approach	
Accessibility to Premises	
Areas of Interest	
Languages Used	
Fees Charged/Donations Accepted/Concessions	

MANDATORY INFORMATION	
Print Name:	
Signed: Please insert your electronic signature. <i>If this is not possible, please type your email address and we will match it to the email address the form has been sent from to confirm your identity.</i>	
Date:	