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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 categor	
I am applying for one of the following (please tick): a) Accreditation as a Trainer delivering a Diploma Course in Counselling b) Accreditation as a Trainer delivering a Specialist Course (Diploma Level)	

- ➤ 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

Inform	ation given below will not necessari	ly exclude you from accreditation.
1.	Have you had membership of any withdrawn?	professional counselling/psychotherapy body
	YES	NO
	If "YES", please give details.	
2.	Do you have any criminal or civil copending against you?	onvictions (spent or unspent) or proceedings
	YES	NO
	If "YES", please give details.	
3.	Do you have any professional com you, which was successful or is cu	plaint or disciplinary proceeding brought against rrently pending?
	YES	NO
	If "YES", please give details.	
4.	Have you ever been listed as barre Scheme/Disclosure Scotland?	ed under the Protecting Vulnerable Groups
	YES	NO
5.	Are you currently listed as barred used Scheme/Disclosure Scotland?	under the Protecting Vulnerable Groups
	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 am submitting 5 copies of my application ☐ 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. Ш. 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 vou 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	
	One original and four copies of application	
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	Significant involvement in delivery of a COSCA Validated/Initially Validated Diploma Course in Counselling Evidence of support available and reflection on it	
<u>OR</u>		
2.5 Counselling Training Experience: Trainers Delivering Specialist Courses (Diploma Level)	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)	

You are required to provide the following:

- Reflective accounts of your training practice for each of the above elements (maximum 300 words per element, no more than 2 examples per element)
- ➤ Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given

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:

- Reflective account of your training practice for each of the above elements (maximum 300 words per element, using no more than 2 examples)
- Demonstrate in 500 words the formal and informal support available as a counselling trainer and the reflection conducted on the support given

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:

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.
, 1
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 delare 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

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