



**COSCA (Counselling & Psychotherapy in Scotland)**

**16 Melville Terrace | Stirling | FK8 2NE**

**t: 01786 475 140**

**e: [jenny@cosca.org.uk](mailto:jenny@cosca.org.uk)**

**w: [www.cosca.org.uk](http://www.cosca.org.uk)**

## **COSCA Counsellor and Psychotherapist Accreditation**

### **DIPLOMA ROUTE APPLICATION AND GUIDELINES**

This is the **Application and guidelines for COSCA Counsellor/Psychotherapist Accreditation through the DIPLOMA ROUTE.**

The Diploma Route is for counsellors/psychotherapists who have completed a COSCA or equivalent diploma in counselling/psychotherapy and have at least two years post diploma counselling/psychotherapy experience. Please contact the Development Officer (Individuals/Courses) to obtain details on equivalency.

#### **AIMS AND PRINCIPLES OF ACCREDITATION**

##### **What is Accreditation?**

1. COSCA, the professional body for counselling and psychotherapy in Scotland, aims to maintain standards of qualifications, training and practice in counselling and psychotherapy. This is to protect clients and counsellors/psychotherapists, minimise the danger of malpractice and support the development of counselling and psychotherapy in Scotland. COSCA, therefore, has developed a system of accreditation of counsellors and psychotherapists, underpinned by its Statement of Ethics and Code of Practice.
2. The key purpose of Accreditation is to provide an assurance to the general public that a counsellor/psychotherapist has been assessed and deemed to have attained a mature, professional, competent, safe and ethical standard of practice. Accreditation is also about confirming and evidencing good practice. Accreditation is seen as a part of the professional development of counsellors/psychotherapists. Accreditation requires applicants to

demonstrate the quality of their practice and that they have reached a standard that is acceptable for accreditation by COSCA.

3. COSCA recognises that any system of accreditation is as much a protection for the counsellors/psychotherapists concerned as a protection for their clients. COSCA delegates responsibility for the format and criteria of the COSCA accreditation process to its Accreditation and Standing Policy Group. Through detailed discussions, and consultation within COSCA and other professional counselling bodies, the Group has designed these accreditation criteria, and will continue to monitor and review them. The Group strives to work reflectively so that a sensitive balance between safety and creativity can be reached. Underpinning the whole development of an accreditation system is the recognition that accreditation for counsellors and psychotherapists is a crucial yet complex process. As such it will require continual refinement and revision.
4. COSCA aims to make the process of accreditation accessible and supportive. It is aware of the diverse backgrounds of qualifications, training and experience that counsellors and psychotherapists will bring to the process of accreditation and it has aimed to design a system that can assess this fairly. The process of accreditation is about enabling applicants to show that they have achieved set criteria and is not simply a question of verifying that an applicant has submitted appropriate documentation.

#### **How do I prepare for submitting my application?**

In advance of starting work on their application, COSCA strongly advises all applicants to:

- ✓ Join the COSCA Counsellor Accreditation Registration Scheme, which offers enhanced contact and support towards the process. Registration forms and information on the process can be found on the COSCA website [www.cosca.org.uk](http://www.cosca.org.uk) under the headings: Accreditation/Counsellor
- ✓ Attend the COSCA Counsellor Accreditation System Workshop – held biannually and advertised under Events – COSCA on [www.cosca.org.uk](http://www.cosca.org.uk)

#### **How do I become a Practitioner Member of COSCA?**

- The first step in the process of accreditation is that an applicant must be a Practitioner Member of COSCA. Practitioner Members are required to have completed a minimum of 300 cumulative contact hours of training in counselling/psychotherapy.
- The cohesive core of the above training needs to take place within a period of 5 years. As part of the above training, but not included in the 300 hours, you

are required to have a supervised counselling practice placement. Additional training needs to be in substantial and planned blocks, and clearly progressional from the core training.

- Practitioner Members are required to have a cumulative practice base of 200 hours, with an average of 2 hours per week; have a supervision ratio of at least 1:12 or at least 1.5 hours in any calendar month for over 18 hours per month; and have achieved 54 cumulative hours of continuing professional development with an average of 18 hours per annum over the last 3 years.
- Applicants must abide by COSCA's Statement of Ethics and Code of Practice and reflect knowledge of the Statement throughout their application. Please note that you are eligible to apply for Practitioner Membership two years post your core training in counselling and psychotherapy.
- Details of how to apply for Practitioner Membership are available on the COSCA website under the headings Join COSCA/ Individual Membership

#### How do I submit my application?

- Applications should be made by completing the present Application Form. The guidance for each of the required criteria is included within the form.
- Please ensure you are using the most up to date version of the form which can be found on the COSCA website under the headings: Accreditation/Counsellor.
- Please note that the minimum font size used in your application is 12. Please also ensure that you include a word count at the end of every written section of the application where this is indicated as required.
- Please include any supporting items of evidence such as copies of certificates in a Word, PDF, folder or Zip file format. Please ensure to clearly label each item indicating which of the application criteria it corresponds with, both on the folder and indicating its location on the Submission Checklist, Appendix B for instance '*Criteria 3 Evidence of Core Training*')
- An electronic copy of the complete application alongside your supporting evidence must be submitted by email to Jenny Bell, Development Officer (Individuals/Courses): [jenny@cosca.org.uk](mailto:jenny@cosca.org.uk)
- There are two submission dates per year, the 31st of March and the 30th of September.

- The Development Officer can complete a technical check on request on applications and provide feedback if they are submitted at least four weeks in advance of the submission date. The Development Officer cannot comment on whether the standard has been met for accreditation to be awarded but can advise of any technical criteria that may have been missed.

### **What happens to my submitted application?**

- Decision-making on applications for accreditation is the responsibility of COSCA's Counsellor Accreditation Panel. The Accreditation Panel is a working group comprised of experienced accredited counsellors. The Accreditation Panel aims to provide the degree of consistency necessary to take account of the variety of approaches, qualifications, training and experience presented for submission by applicants.
- Applications for accreditation must be submitted disclosing the identity of the applicant. The Accreditation Panel is bound by COSCA's internal guidance on conflicts of interest for decision making groups. This guidance is offered to assist those involved in COSCA's decision making groups like the Accreditation Panel to decide whether a conflict of interest exists and, if so, what steps should be taken. The Accreditation Panel is also accountable under the COSCA Statement of Ethics and Code of Practice, thus ensuring that applications will be dealt with by it with the utmost confidentiality.
- In their deliberations, the Accreditation Panel is asked to compare the entire documentation against the criteria. An application should be such that the Accreditation Panel can say, on the basis of what has been submitted, that the applicant is fit, via their learning, skill and experience, to work as a counsellor/psychotherapist independently, as well as within organisations.
- On the basis of the application the Panel should also be able to be confident that members of the public seeking help from the accredited counsellor will receive an appropriate response.

### **What are the outcomes of applying to the Accreditation Panel?**

When determining each application, the Accreditation Panel has four options:

- Accreditation
- Provisional acceptance for Accreditation subject to minimal requirements or re-submission of certain documents. See website for re-submission fee.

- No Accreditation Meantime – some section(s) will require resubmission. See website for current fee.
- No Accreditation – substantial section(s) of the submission do not fulfil COSCA's requirements and considerable work is required, essentially representing a fresh application. See website for re-application fee.

The Chief Executive of COSCA will inform applicants in writing of the outcome, normally within 16 weeks of the submission deadline.

The Panel will give details of where an application fails to meet the criteria. The extent of the re-submission is at the discretion of the Panel. Applicants will be invited to fulfil the additional requirements and resubmit only that specific area which has been indicated by the Panel.

Applicants can respond to the decision made by the panel by contacting the Development Office or Chief Executive.

Applicants can appeal against the decision of the Panel, through the COSCA Appeals Procedure, within three months from the date of notification of the decision made. There are two grounds for appeal:

- a failure to follow the assessment procedures and/or guidelines;
- or the applicant has new evidence which might have influenced the decision had it been available when the Panel considered the application for accreditation.

As a Practitioner Member of COSCA, your details would have been entered on the COSCA Register of Counsellors and Psychotherapists. On award of Accreditation, your category of membership would be changed to that of COSCA Accredited Member.

### **How do I renew my Counsellor Accreditation?**

Your Counsellor Accreditation is renewed on an annual basis coinciding with your membership renewal.

Please refer to: [www.cosca.org.uk](http://www.cosca.org.uk) - Accreditation – Counsellors - Annual Renewal of COSCA Accreditation.

## **COSCA Accreditation of Counsellors is based on nine elements:**

- a)** Applicant's personal details
- b)** Ethics
- c)** Core training
- d)** Theoretical knowledge
- e)** Therapeutic alliance
- f)** Practice
- g)** Continuing Professional Development
- h)** Reflective Practitioner
- i)** Supervision

A Submission Checklist is included in Appendix B.

## **Self-Awareness and Use of Self**

Please note that your own process and 'use of self' should be evidenced in every section of the application as you are required to show that you are a mature, reflective practitioner throughout.

Your application will not be successful if you do not include sufficient evidence of your self-awareness and use of self.

## **CONTENTS**

|                   |  |
|-------------------|--|
| <b>APPENDIX A</b> | Applicant's Personal Details, Disclosure and Declaration |
| <b>APPENDIX B</b> | Submission Checklist                                     |
| <b>APPENDIX C</b> | Practice Log: Summary of Annual Practice Hours           |
| <b>APPENDIX D</b> | Practice Log: Summary of Recent Period of Work           |
| <b>APPENDIX E</b> | Frequency of Client Contact                              |
| <b>APPENDIX F</b> | Transcript Pro Forma                                     |
| <b>APPENDIX G</b> | CPD  |
| <b>APPENDIX H</b> | Supervision Sessions                                     |
| <b>APPENDIX I</b> | Supervisor's Report                                      |

**You must complete Appendix A: Applicant's Personal Details, Disclosure and Declaration in full.**

**APPENDIX A: APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION**

**PART I: Personal Details**

Name

Surname

Forename(s)

Address

Post Code

Telephone:

Email:

Practitioner Membership Reference Number:

**Have you previously applied for COSCA Counsellor/Psychotherapist Accreditation?**

**YES**

☐

**NO** ☐

**If YES, please give date**

**Counsellor Accreditation Workshops**

**Please confirm if you have:** ☐ **Attended the COSCA Counsellor Accreditation System Workshop**

**Therapeutic Approach**

## APPENDIX A: APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION

### 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** ☐



## APPENDIX A: APPLICANT'S PERSONAL DETAILS, DISCLOSURE AND DECLARATION

### Part III: Declaration

**I declare that:**

1. I am applying for COSCA Counsellor/Psychotherapist Accreditation, and agree to abide by COSCA's Guidelines and Criteria for the Accreditation of Counsellors and Psychotherapists, to be bound by COSCA's Memorandum and Articles of Association, and to abide by COSCA's Statement of Ethics and Code of Practice.
2. The evidence I have submitted gives an accurate portrayal of my training, practice, supervision and personal development in counselling.
3. 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.
4. I will provide such information as COSCA may require from time to time to confirm my continuing eligibility for Counsellor/Psychotherapist Accreditation.
5. I have appropriate and adequate public and professional liability insurance cover for all my counselling/psychotherapy work.
6. 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 Accreditation, can lead to termination of my Counsellor/Psychotherapy Accreditation and COSCA Membership.
7. I will comply with COSCA's arrangements for handling complaints and concerns. (A copy of the COSCA Complaints procedure can be found on the COSCA website [www.cosca.org.uk](http://www.cosca.org.uk))
8. I agree to my details being published in the COSCA Journal *Counselling in Scotland* on being awarded COSCA Counsellor/Psychotherapy

**YES** ☐

**NO** ☐

Print Name:

Signature: Please insert your electronic signature.

If this isn't 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:

| <b>APPENDIX B: SUBMISSION CHECKLIST</b> |   |   |   |                            |
|---|---|---|---|----------------------------|
|   | <b>Content</b>  | <b>Relevant page/<br/>Appendix(es) in<br/>the application</b> | <b>Supporting<br/>Evidence Item(s)-<br/>(please specify<br/>item name and<br/>location)</b> | <b>Included<br/>(tick)</b> |
| 1. Ethics / Personal details            | Applicants personal details, disclosure & declaration                             | <b>Pages 7-9<br/>Appendix A</b>                               |   | <input type="checkbox"/>   |
| 2. Submission Checklist                 | Submission Checklist  | <b>Page 10-11<br/>Appendix B</b>                              |   | <input type="checkbox"/>   |
| 3. Core Training/Theoretical Knowledge  | Evidence of Core Training   | <b>Page 11</b>  |   | <input type="checkbox"/>   |
|   | Copies of Certificates  | <b>Page 11</b>  |   | <input type="checkbox"/>   |
|   | Criteria 3.3: Therapeutic Approach Statement                                      | <b>Page 12-13</b>   |   | <input type="checkbox"/>   |
| 4. Therapeutic Alliance                 | Criteria 4.2: Therapeutic Alliance Statement                                      | <b>Page 15-16</b>   |   | <input type="checkbox"/>   |
| 5. Practice                             | Criteria 5.2 Practice Log: Summary of Total Annual Practice Hours                 | <b>Page 20<br/>Appendix C</b>                                 |   | <input type="checkbox"/>   |
|   | Criteria 5.3 Career Break   | <b>Page 19</b>  |   | <input type="checkbox"/>   |
|   | Criteria 5.4: Summary of Recent Work  | <b>Page 21-27<br/>Appendix D</b>                              |   | <input type="checkbox"/>   |
|   | Criteria 5.5: Client Time Range   | <b>Page 28-29<br/>Appendix E</b>                              |   | <input type="checkbox"/>   |
|   | Criteria 5.6: Assessment Skills and Referral System Statement                     | <b>Page 32</b>  |   | <input type="checkbox"/>   |
|   | Criteria 5.7: Work Setting and Arrangements Statement                             | <b>Page 36-37</b>   |   | <input type="checkbox"/>   |
|   | Criteria 5.8: Evidence of Insurance   | <b>Page 31</b>  |   | <input type="checkbox"/>   |
|   | Criteria 5.9/5.10: Case Study's<br>Criteria 5.11: Transcript                      | <b>Pages 41-48/50-51<br/>Appendix F<br/>Pages 57-61</b>       |   | <input type="checkbox"/>   |
| 6. CPD                                  | Criteria 6.2: CPD Log<br>Criteria 6.3: CPD Statement<br>Criteria 6.4 CPD Evidence | <b>Page 66<br/>Page 67-68<br/>Appendix G</b>                  |   | <input type="checkbox"/>   |
| 7. Reflective Practitioner              | Criteria 7.2: Reflective Practitioner Statement                                   | <b>Page 73</b>  |   | <input type="checkbox"/>   |

|                |  |   |  |  |
|----------------|--|---|--|--|
| 8. Supervision | Criteria 8.1- Supervision History/<br>Current Supervision<br>8.2 Supervisor's Report | <b>Page 78</b><br><b>Appendix H</b><br><b>Page 79</b><br><b>Page 81-89</b><br><b>Appendix I</b> |  | <input type="checkbox"/><br><br><input type="checkbox"/> |
|----------------|--|---|--|--|

### 3 CORE TRAINING / THERAUPETIC APPROACH

#### 3.1 Criteria

You must have successfully completed a COSCA validated diploma or equivalent in counselling or psychotherapy.

#### 3.2 Evidence

✓ Evidence of successful completion of COSCA or equivalent diploma in counselling or psychotherapy, giving the name, month, and year of qualification award, provider, and location of the course, with relevant evidence of certification.

✓ Evidence of the verification of all original documents by your supervisor, who should then sign the supervisor's declaration (Appendix I Supervisor's Report).

(Please contact the COSCA Development Officer (Individuals/Courses) to obtain details on equivalency.)

- Please ensure to submit any relevant items of supporting certification in relation to the above criteria.
- Please ensure to clearly title the items, indicating where they correspond with the above criteria. ➤ Please ensure to complete 'Appendix B, Supporting Documents' accordingly.

#### 3.3. Therapeutic Approach Statement

Submission of a personal statement of your therapeutic approach(es) of 1500 – 2000 words. Please stipulate your counselling/psychotherapy approach(es) at the beginning of your personal statement.

The statement must include the following:

✓ A description of the theoretical approach of your practice. This statement needs to show clear consistency with all the following areas in this application: the theoretical framework(s) that you use, your core skills, your counselling practice (client case study); your counselling/psychotherapy supervision, your personal and professional development.

✓ A reflection of why you have chosen to work in this particular way. For example, how you came to, or chose your approach(es), and how your work has developed within it (or how your approach has changed) and what this means to you.

### **3.3 Therapeutic Approach Statement:**

**(Please insert your response here)**

Word Count -

|                        |
|------------------------|
| <b>Panels Comments</b> |
|------------------------|

## **4. THERAUPETIC ALLIANCE**

### **4.1 Criteria**

You must be able to establish, maintain and develop a therapeutic alliance with clients.

### **4.2 Evidence**

Provide an 800-1,000-word statement 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.

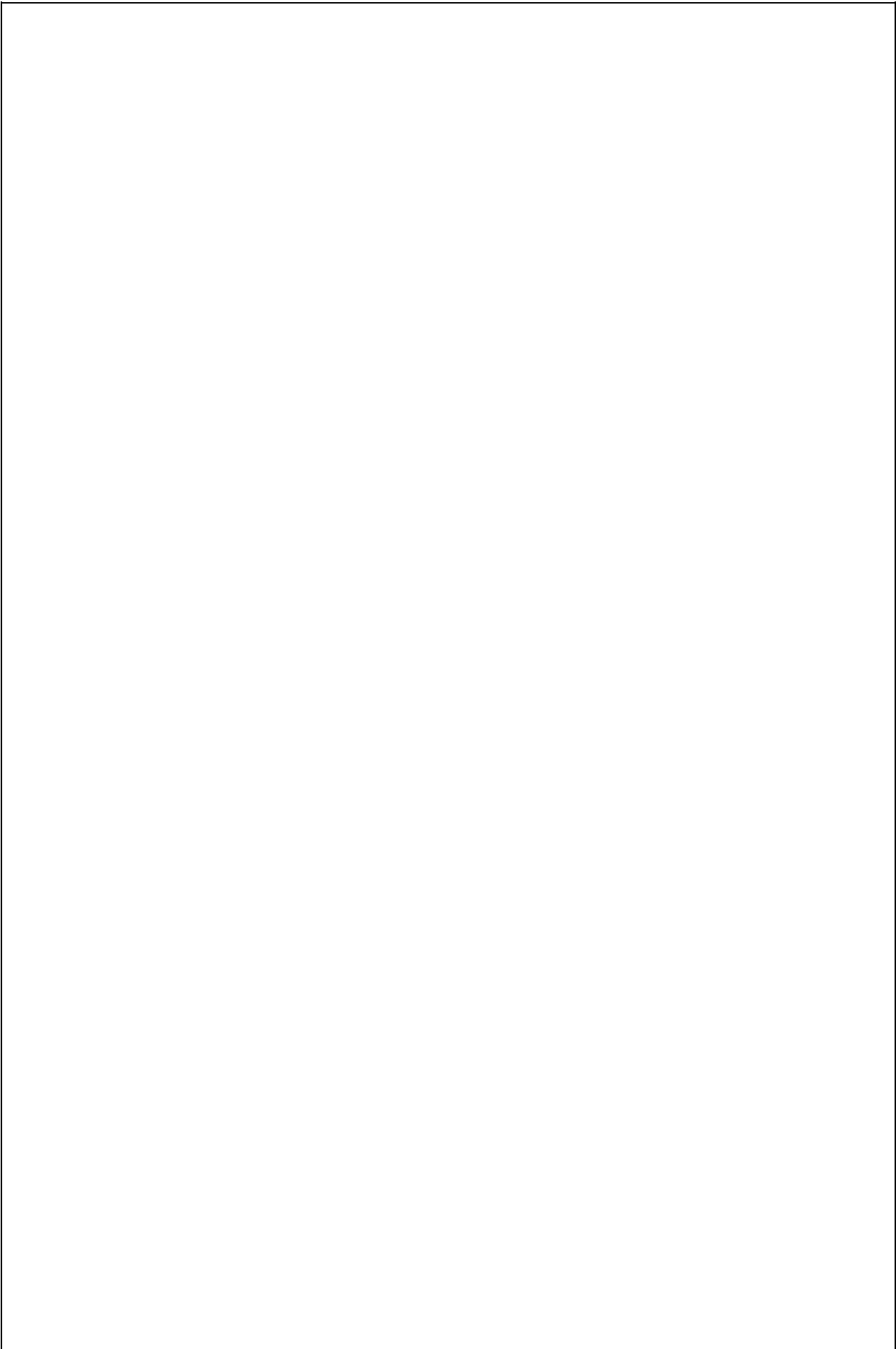
### **4.2 Therapeutic Alliance Statement:**

**(Please insert your response here)**

**Word Count**



|                        |
|------------------------|
| <b>Panels Comments</b> |
|------------------------|



## **5. PRACTICE**

### **5.1 Criteria**

Prior to submission, you must evidence:

- a minimum of 450 hours of continuous supervised counselling practice over a minimum of three years within a period of 5 years prior to submission. However, these hours should not be spread beyond a period of 5 years.
- two years of this continuous supervised counselling practice should be at post qualifying level (average 90 hours per year, and a minimum of 60 hours per year).

## **5. Evidence**

### **5.2 Practice Log**

A log and/or statement of continuous supervised counselling practice of a minimum of 450 hours over a minimum of 3 years within a period of 5 years prior to submission. Supervised counselling practice hours gained during the diploma course can count towards the 450 hours. Please complete Appendix C (page 19) for logging your annual practice hours. Please note you do not need to evidence beyond 450 hours.

### **5.3 Career Break**

If you have taken more than 3 months' time out from practice because of life events, please contact the Development Officer (Individuals/Courses) prior to submitting your application for guidance/advice.

### **5.4 Summary of recent work**

A summary of a recent period of your client work (see Appendix D Practice Log: Summary of Recent Period of Work) demonstrating your ability to work with a variety of contracts and range of clients. A practitioner who works with 12 or more clients per week will need to describe no more than a continuous 6-week period, while a practitioner with a smaller practice will need to summarise up to 3 continuous months' work.

Please give a clear weekly division of the work, indicating variety of clients, stage of counselling/therapy, pattern of working week, client attendance, etc. Please comment on any noteworthy activity that is different to the norm, however, any short breaks/holidays are not regarded as part of the continuous period of work.

CRITERIA 5.2/APPENDIX C: PRACTICE LOG: SUMMARY OF ANNUAL PRACTICE HOURS

| Year          | Number of practice hours | Work setting     |
|---------------|--------------------------|------------------|
| Example: 2021 | 90 + 45                  | Agency + private |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |
|               |                          |                  |

**Examples of work settings:**

- ✓ NHS
- ✓ Private/independent
- ✓ Statutory agency – i.e. prison, school ✓ Voluntary counselling service

**CRITERIA 5.4/ APPENDIX D: PRACTICE LOG: SUMMARY OF RECENT PERIOD OF WORK**

*This table illustrates how the information might be shown.*

| Week | Date | Client Details | Session Number | Session Length | Focus of Session | Private Agency Other |
|------|------|----------------|----------------|----------------|------------------|----------------------|
|------|------|----------------|----------------|----------------|------------------|----------------------|

|        |        | Ref No. | Gender | Age |    |         |                             |           |
|--------|--------|---------|--------|-----|----|---------|-----------------------------|-----------|
| Week 1 | 1.2.22 | 1       | F      | 40  | 1  | 50 mins | Distress at loss of husband | Agency 1* |
|        |        | 2       | F      | 46  | 6  | 50 mins | Fear of being alone         | Private   |
|        |        | 3       | M      | 37  | 5  | 50 mins | Wanting to leave partner    | Agency 2* |
| Week 2 | 8.2.22 | 1       | F      | 40  | 2  | 50 mins | Anxiety at responsibilities | Agency 1* |
|        |        | 2       | F      | 46  | 7  | 50 mins | Strategies of support       | Private   |
|        |        | 3       | M      | 37  | 6  | 50 mins | Last session, ending issues | Agency 2* |
|        | 9.2.22 | 4       | F      | 28  | 21 | 50 mins | Ending                      | Agency 1* |

\* Agency 1 = Bereavement Counselling Centre \*Agency 2 = Relationship Counselling Centre \* Private= Private Practice

| Week | Date | Client Details | Session Number | Session Length | Focus of Session | Private Agency<br>Other |
|------|------|----------------|----------------|----------------|------------------|-------------------------|
|------|------|----------------|----------------|----------------|------------------|-------------------------|

| Week | Date | Ref No. | Gender | Age | Session | Length | Focus | P/A/O |
|------|------|---------|--------|-----|---------|--------|-------|-------|
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |

| Week | Date | Client Details | Session Number | Session Length | Focus of Session | Private Agency<br>Other |
|------|------|----------------|----------------|----------------|------------------|-------------------------|
|------|------|----------------|----------------|----------------|------------------|-------------------------|

| Week | Date | Ref No. | Gender | Age | Session | Length | Focus | P/A/O |
|------|------|---------|--------|-----|---------|--------|-------|-------|
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |

| Week | Date | Ref No. | Gender | Age | Session | Length | Focus | P/A/O |
|------|------|---------|--------|-----|---------|--------|-------|-------|
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |



| Week | Date | Ref No. | Gender | Age | Session | Length | Focus | P/A/O |
|------|------|---------|--------|-----|---------|--------|-------|-------|
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |
|      |      |         |        |     |         |        |       |       |



[illegible]

Over the past year, how many clients have you seen?

Weekly

Twice or more weekly

Fortnightly

Infrequently

During the past year, how many clients have you seen for periods up to:

2 months or less

3 – 5 months

6 – 12 months

12 – 24 months

More than 24 months

**CRITERIA 5.5/ APPENDIX E: FREQUENCY OF CLIENT CONTACT**  
**Page 2 of 2**

**How many clients in your counselling/psychotherapy career have you seen for more than 2 years?**

This form assists the Accreditation Panel by providing an overview of your work and by giving evidence by which consistency with skills, training and practice can be judged. It is not intended to discriminate against those who specialise in either short or long-term work.

## 5.6 Assessment skills and referral system- Criteria

A brief statement (500 – 1,000 words) to evidence and demonstrate/describe:

- ✓ how you identify clients you feel able to work with
  - ✓ how you assess the needs and limitations of your clients; where using assessment scales and measures applicants should evidence that they have been appropriately trained and/or are experienced to administer these and that they are authorised to use these where a license is required
  - ✓ how you assess the successful working of the relationship
  - ✓ what personal circumstances would prompt you to refer a client on e.g., separation, mental health issues, bereavement, ill health, etc.
  - ✓ what limitations if any, there are in your work setting/s
  - ✓ your capacity for referring clients to other appropriate forms of help
  - ✓ examples of when you have decided that someone is unsuitable to work with as a client and when you have referred on, or the process you would follow should you require to refer a client on
- 
- Please ensure to submit any relevant items of supporting evidence in relation to the above criteria, such as your client assessment and/or review documentation.
  - Please ensure to clearly title each item of supporting evidence clearly indicating where they correspond with the above criteria.
  - Please ensure to complete Appendix B, 'Supporting Documents' accordingly.

## 5.7 Work setting and arrangements (no set word count) – Criteria

Details of the setting where your counselling/therapy work is undertaken to show your ability to implement ethical practice in a work setting. If you work in more than one agency or practice and or work remotely, please submit descriptions and examples of documents for each setting. Your statement should include descriptions of the following:

- ✓ arrangements for privacy, avoiding interruption, arrival and departure of clients, client safety, counsellor safety
  - ✓ record keeping and maintenance of confidentiality (your supervisor will be asked to comment on this)
  - ✓ appointment arrangements, sample letter(s) to clients and handouts given to clients
  - ✓ arrangements for breaks taken between counselling sessions in the course of a working day ✓ the Ethics and Code of Practice to which you adhere.
- 
- Please ensure to submit any relevant items of supporting evidence in relation to the above criteria, such as your client contract(s), and any relevant policies and procedures. Please note this list is not exhaustive.
  - Please ensure to clearly title each item of supporting evidence clearly indicating where they correspond with the above criteria.
  - Please ensure to complete Appendix B, 'Supporting Documents' accordingly.

## 5.8 Insurance

### Criteria

Please sign Part III of 'Appendix A' (page 9) Applicant's Personal Details, Disclosure, and Declaration stating that you have adequate and appropriate public and professional liability insurance for your counselling/therapy work. (N.B. COSCA advises that professional liability cover should not be less than £1,500,000.)

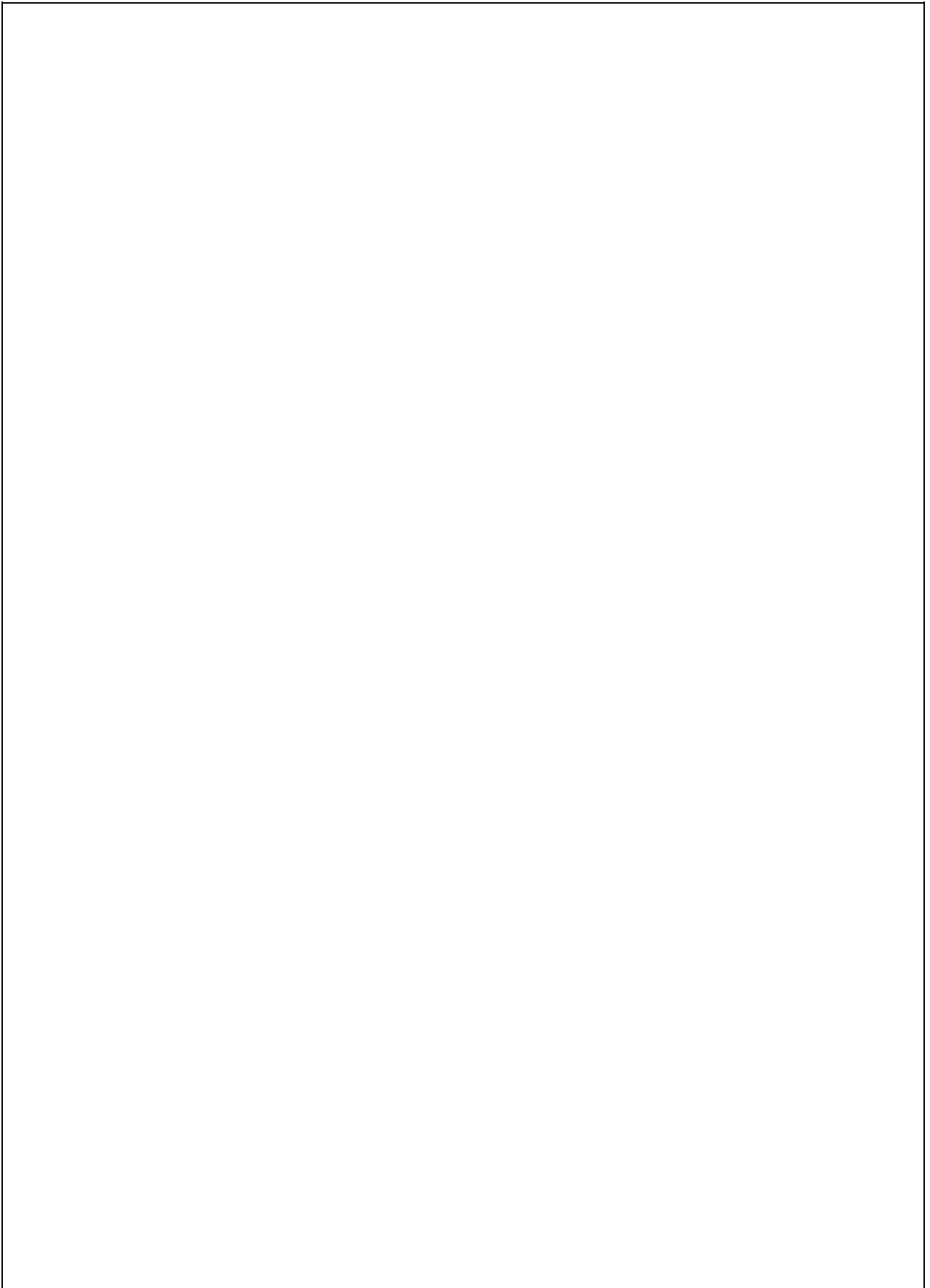
### Evidence:

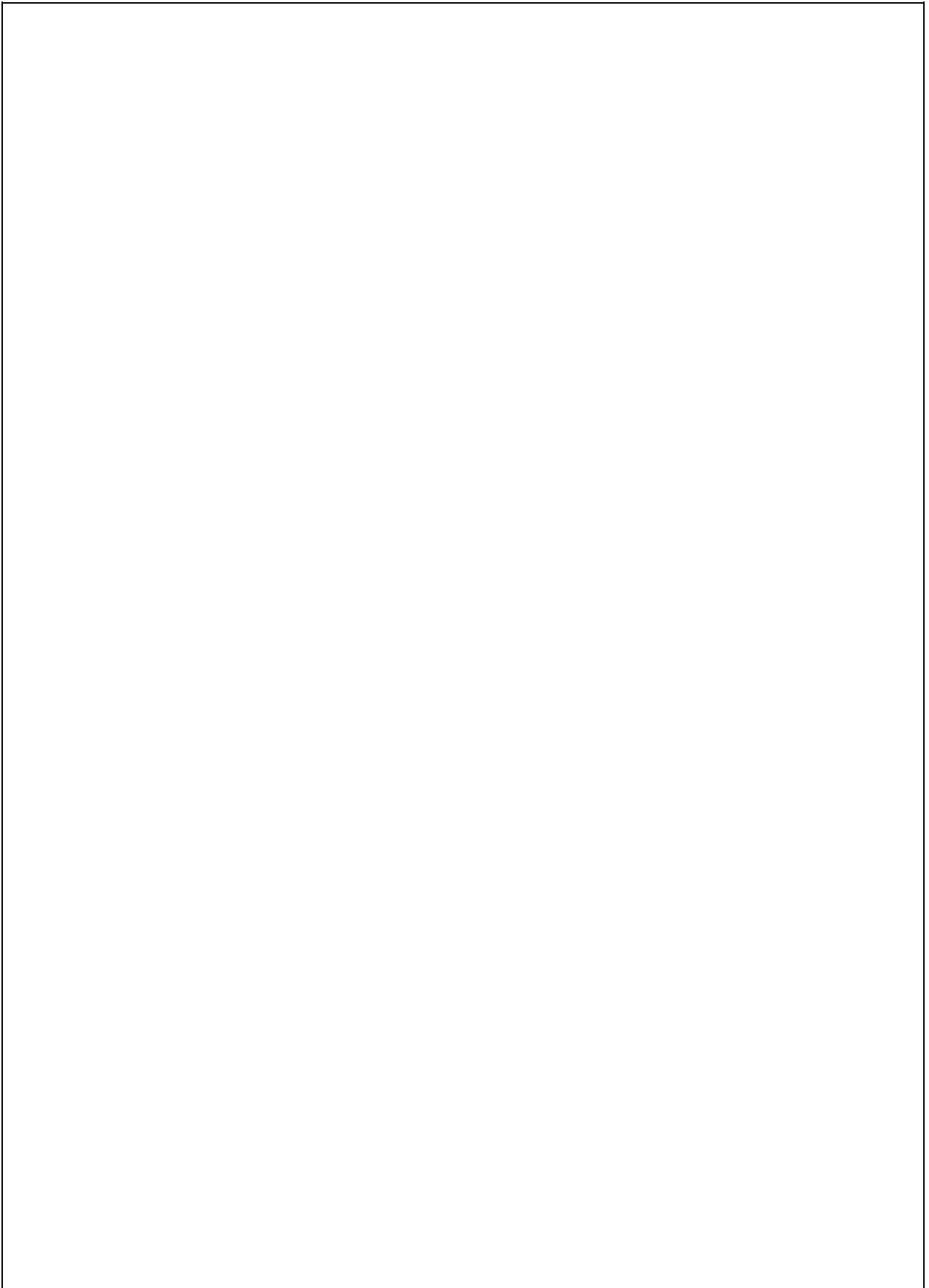
- Please ensure to submit a copy of your insurance. Please ensure to clearly title the item(s) indicating where they correspond with the above criteria.
- Please ensure to complete Appendix B, Supporting Documents accordingly.

|  |
|--|
| <b>5.6 Assessment Skills &amp; Referral System Statement</b> |
| <b>(Please insert your response here)</b>                    |
| <b>Word Count:</b>   |



## Panels Comments



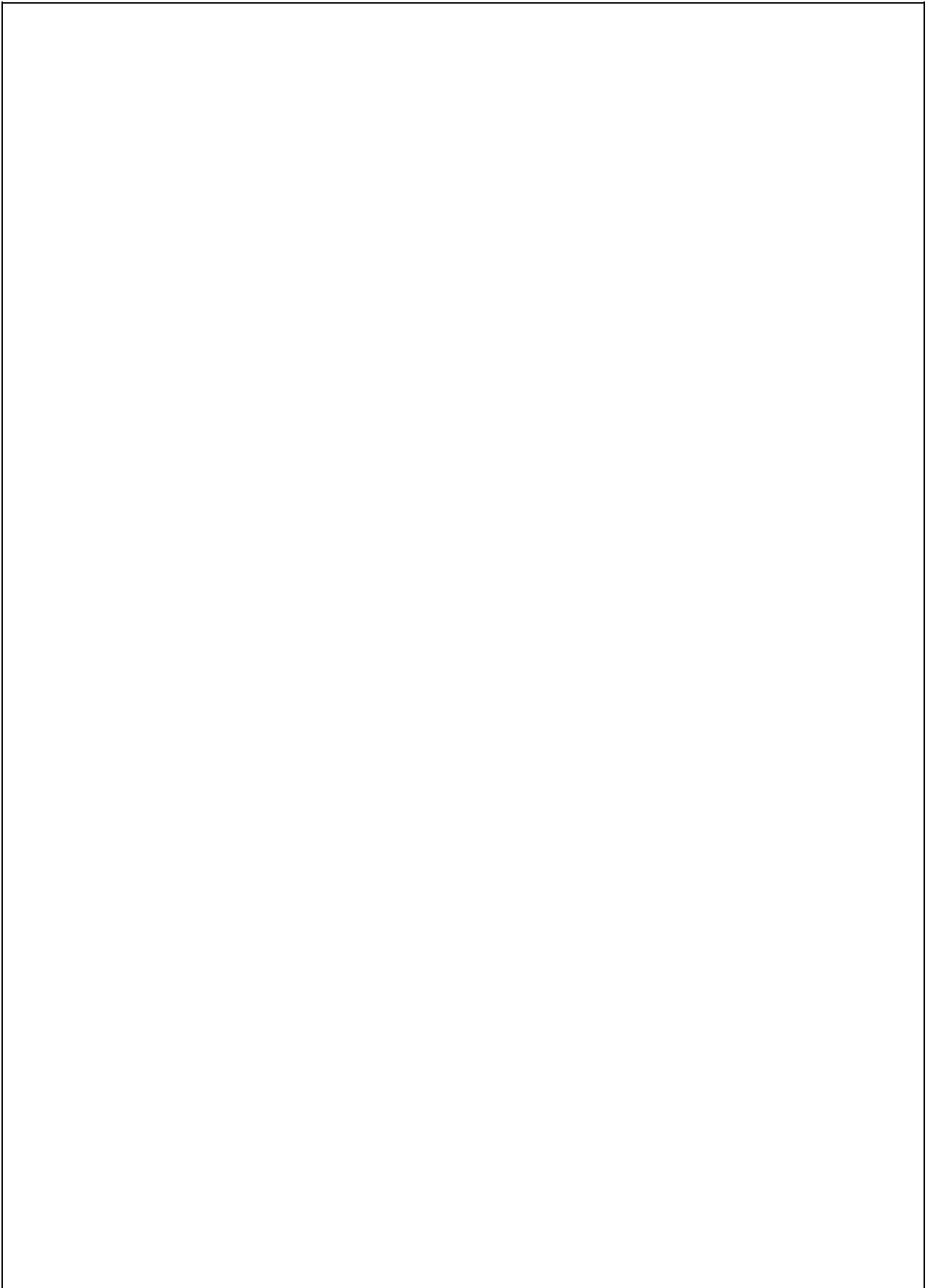


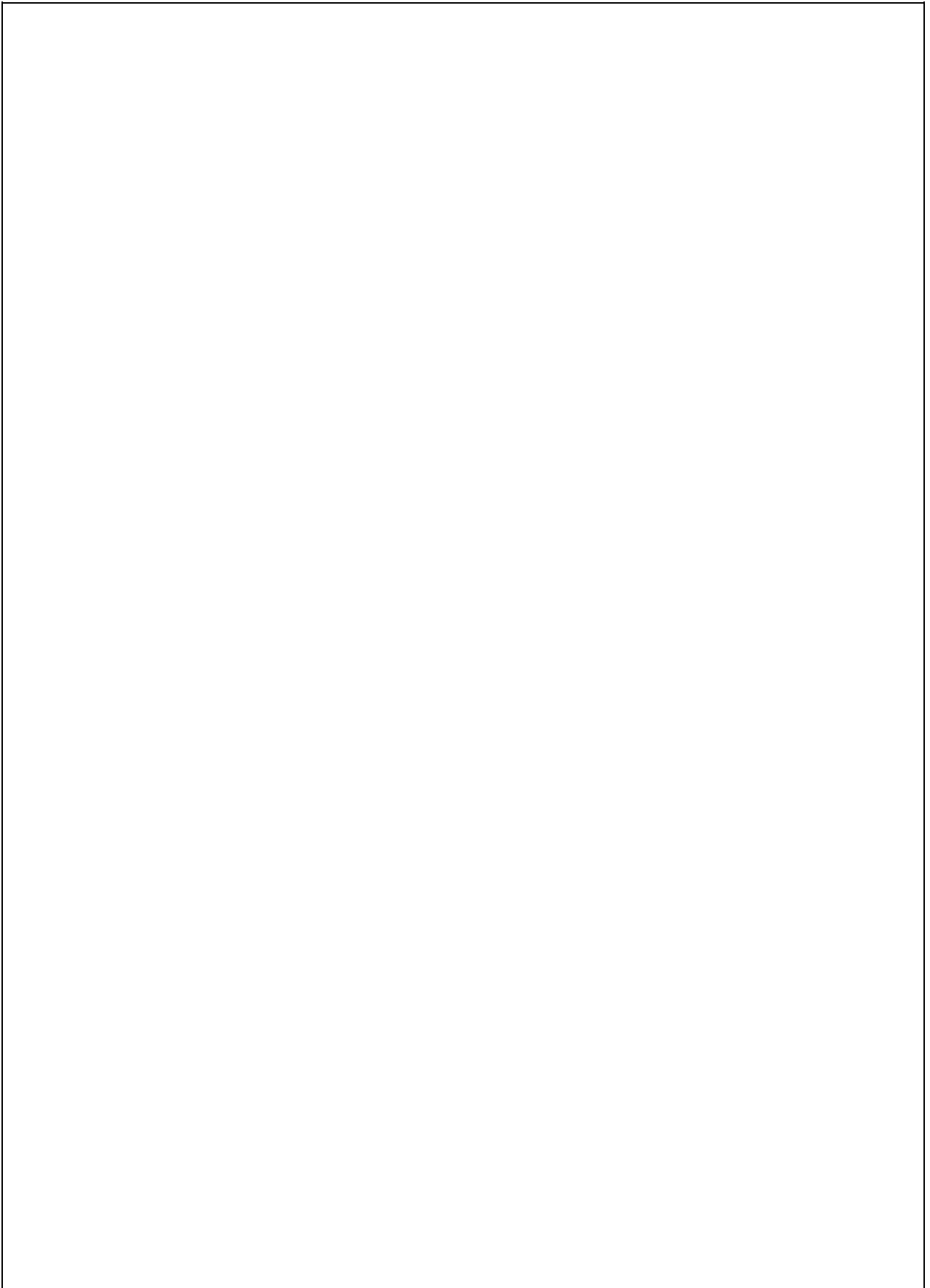
**5.7 Work Setting(s) and Arrangement(s) Statement: (no set word count)**

**(Please insert your response here)**

**Word Count:**

## Panels Comments







## 5.9 Case study (including Transcript)

*The Case Study is written for the purposes of COSCA Accreditation. It is therefore a reflective narrative that evidences the use of your way of working (therapeutic approach) and demonstrates your application of its main theories in response to your work with the chosen client. It should critique the therapeutic relationship, your interventions with the client and your use of supervision to inform your practice with the client.*

### Case Study Criteria

- Please provide either one case study of approximately 3,500 words, or two case studies of not more than 2,000 words each. We require **alongside and in addition** to your case study a 10–15-minute transcript from a session with the related client (not to be included within the word count).
- The Case Study and associated transcript should be a recent piece of work, not more than a year old from commencement of writing, and should be written for the purpose of COSCA Accreditation.
- This must include more than a single counselling session enabling you to evidence your ability to establish, maintain and end a counselling relationship.
- COSCA will accept a case study where the work with the client is ongoing, provided that you clearly reflect on how you would work towards ending with your chosen client.
- Please see *Appendix F Transcript Pro Forma* for full guidance on transcript requirements; the transcript **must** use this pro forma and format. If you are submitting two case studies, only one transcript is required.
- Case Studies based on remote counselling are acceptable provided that you demonstrate competencies and ethical practice in response to the related format of counselling delivery.

### Case Study Structure:

- There is some flexibility afforded with regards to the structure that your Case Study takes
- You may use headings for each criterion if you wish, however caution must be given not to unduly isolate/ separate related criteria.
- For instance, it would be problematic to neglect to refer to the influence of supervision on your client work except within your reflection under this heading
- Please evidence any scaling, charts, psychometrics or worksheets used in relation to your work with the client within your supporting evidence. Please ensure to clearly title each item of supporting evidence clearly indicating where it corresponds with the Case Study criteria. Please ensure to complete 'Appendix B, 'Supporting Documents' accordingly'.
- Regardless of the structure chosen, there should be a sufficient introduction and conclusion to the case study evidenced. It must be easy to navigate and the necessary criteria clearly evidenced.

## **Case Study Criteria and Evidence**

The Case Study must reflect on the following areas:

- **Focus of sessions:**
  - ✓ Include the focus of the therapeutic work throughout the course of your therapy together
  - ✓ Demonstrate working within your competencies with the range of issues covered
- **Work setting and arrangements:** Description of the work setting **Ethical Practice:**
  - ✓ Evidence of ethical practice with the client throughout your work together.
  - ✓ You must refer to contracting with your client and adherence to the COSCA Statement of Ethics and Code of Practice.
  - ✓ You must reflect on the identification and management of any ethical or boundary issues (where appropriate)
- **Assessment and Referral:**
  - ✓ You must evidence the method by which the client was referred to yourself and any onward referrals you may have made
  - ✓ You must evidence assessment of the suitability of the client to work with you in your preferred way of working e.g. your core orientation
  - ✓ Be cautious about using interventions out with your preferred way of working. If these are used, you must ensure to give a rationale which includes how this sits within or beyond your main modality
  - ✓ You must evidence the method(s) used to assess your client's needs. Assessing risk may also be relevant here
  - ✓ You must evidence ongoing assessment of the client's needs and of the efficacy of the therapeutic relationship and your work together
  - ✓ Where using assessment scales and measures applicants should evidence that they have been appropriately trained to administer these and that they are authorised to use these where a license is required.
- **Additional information for applicants whose stated therapeutic approach promotes the use of Case Formulation and/or an associated Treatment Plan:**
  - ✓ A brief and clear working Case Formulation must be included and its use evidenced in your Case Study

- ✓ Please ensure to include a narrative of the formulation process, which may or may not be accompanied by a diagrammatic formulation within your supporting evidence. Please ensure to clearly title each item of supporting evidence clearly indicating where it corresponds with the Case Study criteria. Please ensure to complete 'Appendix B, 'Supporting Documents' accordingly'
- ✓ It may be that you have applied a specific framework or Treatment Plan (such as for Anxiety or Depression) relevant to your client's issues. If this is the case, then the rationale and adherence to this framework must be evidenced
- ✓ Please evidence any scaling, charts, psychometrics used in relation to the above within your supporting evidence. Please ensure to clearly title each item of supporting evidence clearly indicating where it corresponds with the Case Study criteria.  
Please ensure to complete 'Appendix B, 'Supporting Documents' accordingly'
- ✓ Where deviation from the stated formulation or framework is deemed appropriate, the use of supervision and collaboration with the client to inform any changes must be evidenced **Therapeutic Alliance:**
- ✓ Demonstrate your ability to establish, maintain, monitor and end the therapeutic relationship
- ✓ Reflect on the skills used throughout the counselling process to support the above

### **Reflective Practice:**

- ✓ Throughout the Case Study, be sure to reflect on and analyse the process of the work, rather than emphasising the narrative in the Case Study
- ✓ You must demonstrate your use of self and awareness of your own process, ensuring to reflect on your own actions, thoughts, and emotions in response to the client and the therapeutic process, including (where relevant) any implications for your practice moving forward

### **Therapeutic Approach:**

- ✓ You must evidence the key competencies of your chosen therapeutic approach:
- ✓ Your practice must be congruent to the stated therapeutic approach, and to the content of your whole accreditation submission.

- ✓ You must evidence the application and integration of theoretical knowledge in response to your work with the client.

### **Supervision-**

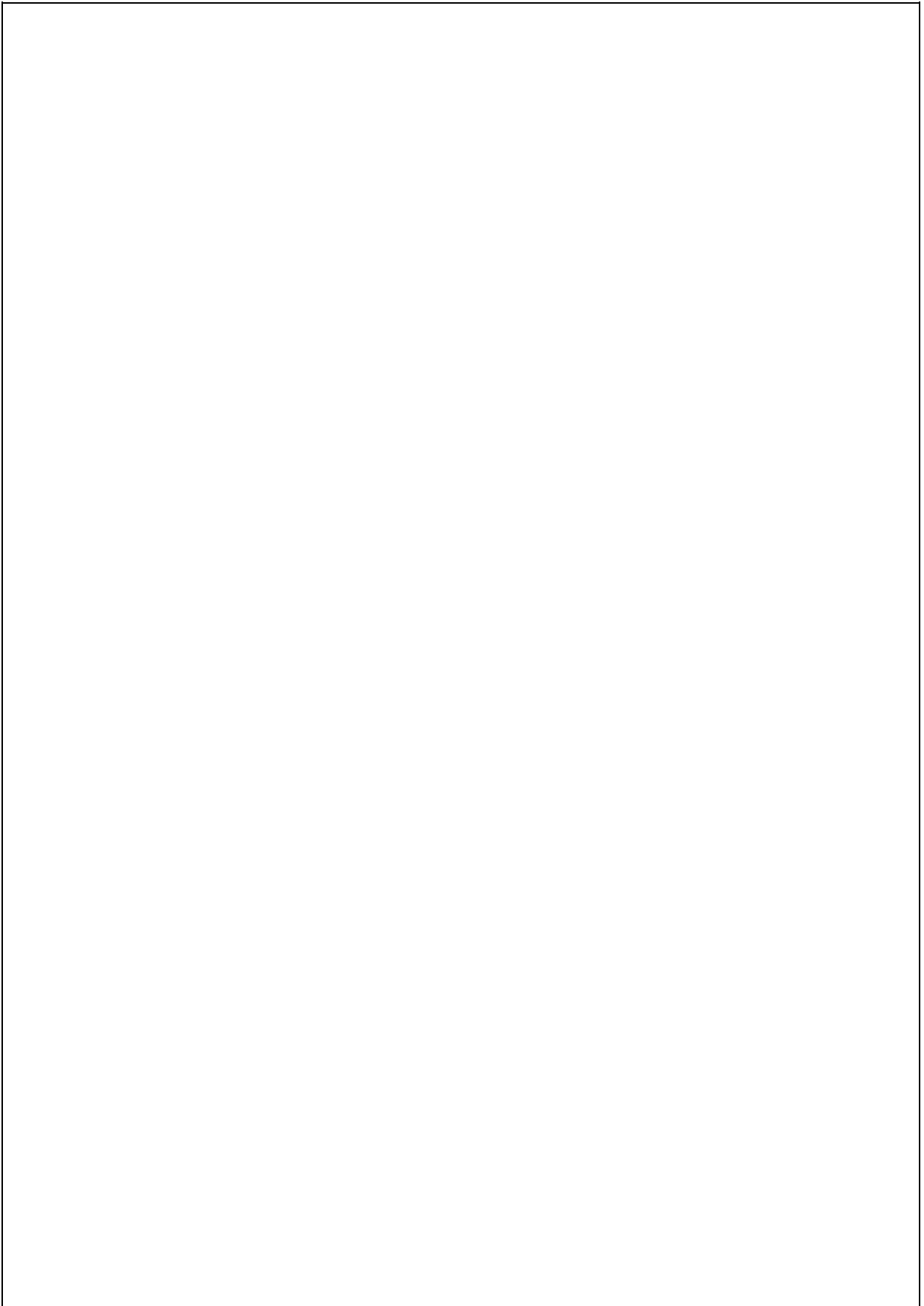
- ✓ Throughout the case study **you must** evidence your use of supervision in response to the client.
- ✓ You must ensure that you reflect on how insight gained within supervision effectively influenced your work with your client

### 5.9 Case Study 1

(Please insert your response here)

**Word Count:**

## Panels Comments





A large, empty rectangular box with a thin black border, occupying the upper two-thirds of the page. It is intended for the transcription of a case study.

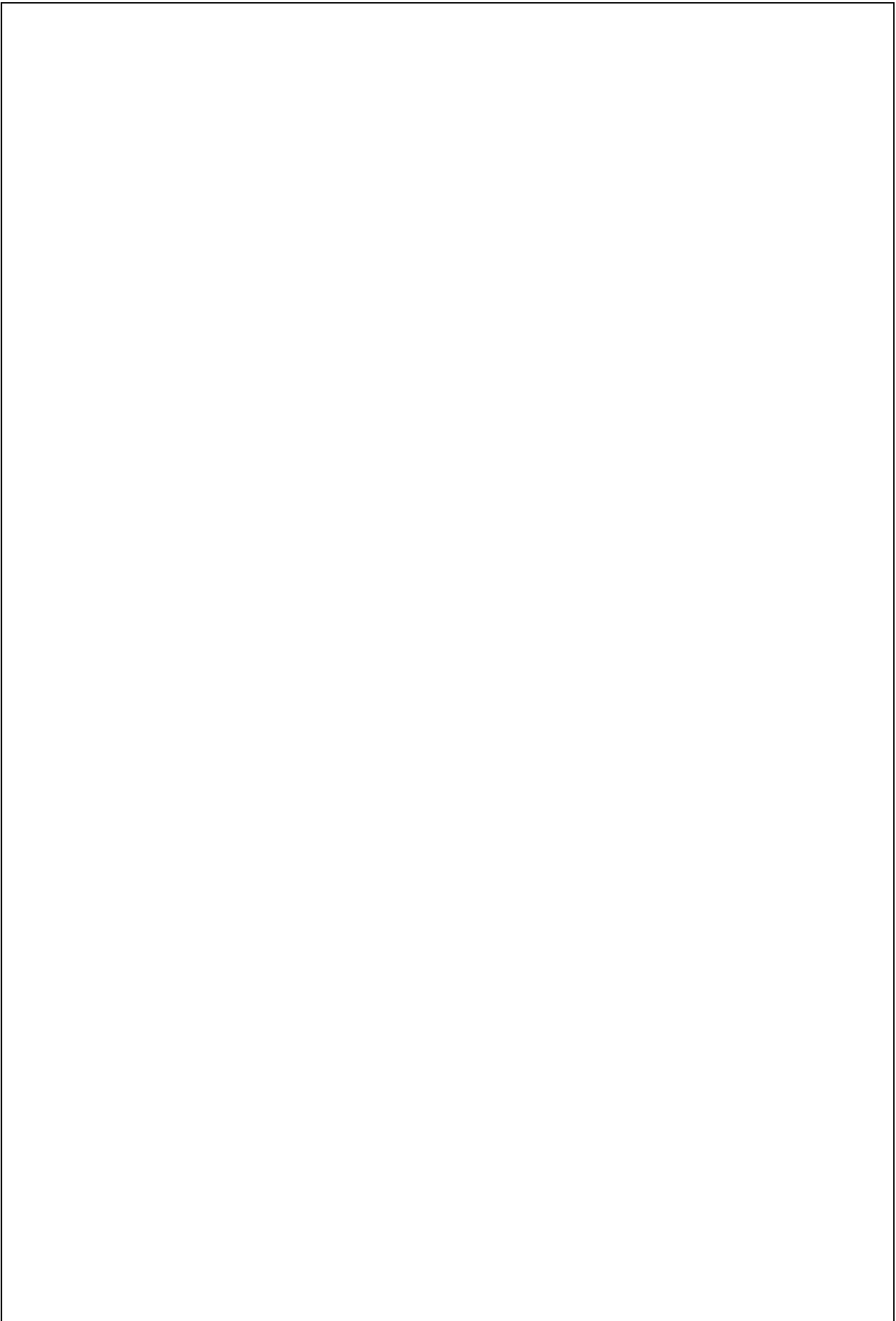
If using two case studies, please use the following for case study 2. If only one case study is being submitted, then please move to next section: Case Study Transcript.

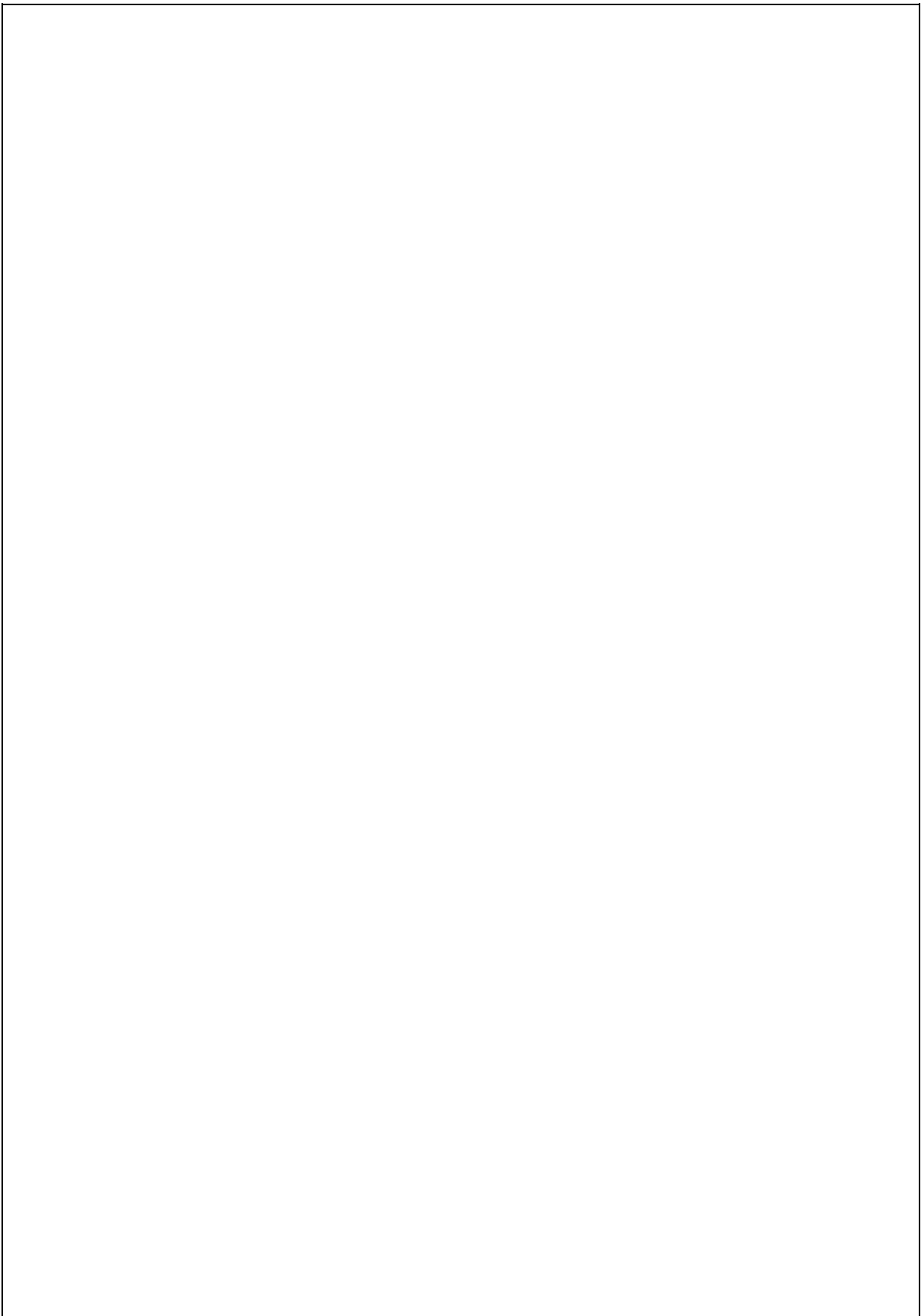
### **5.10 Case Study 2**

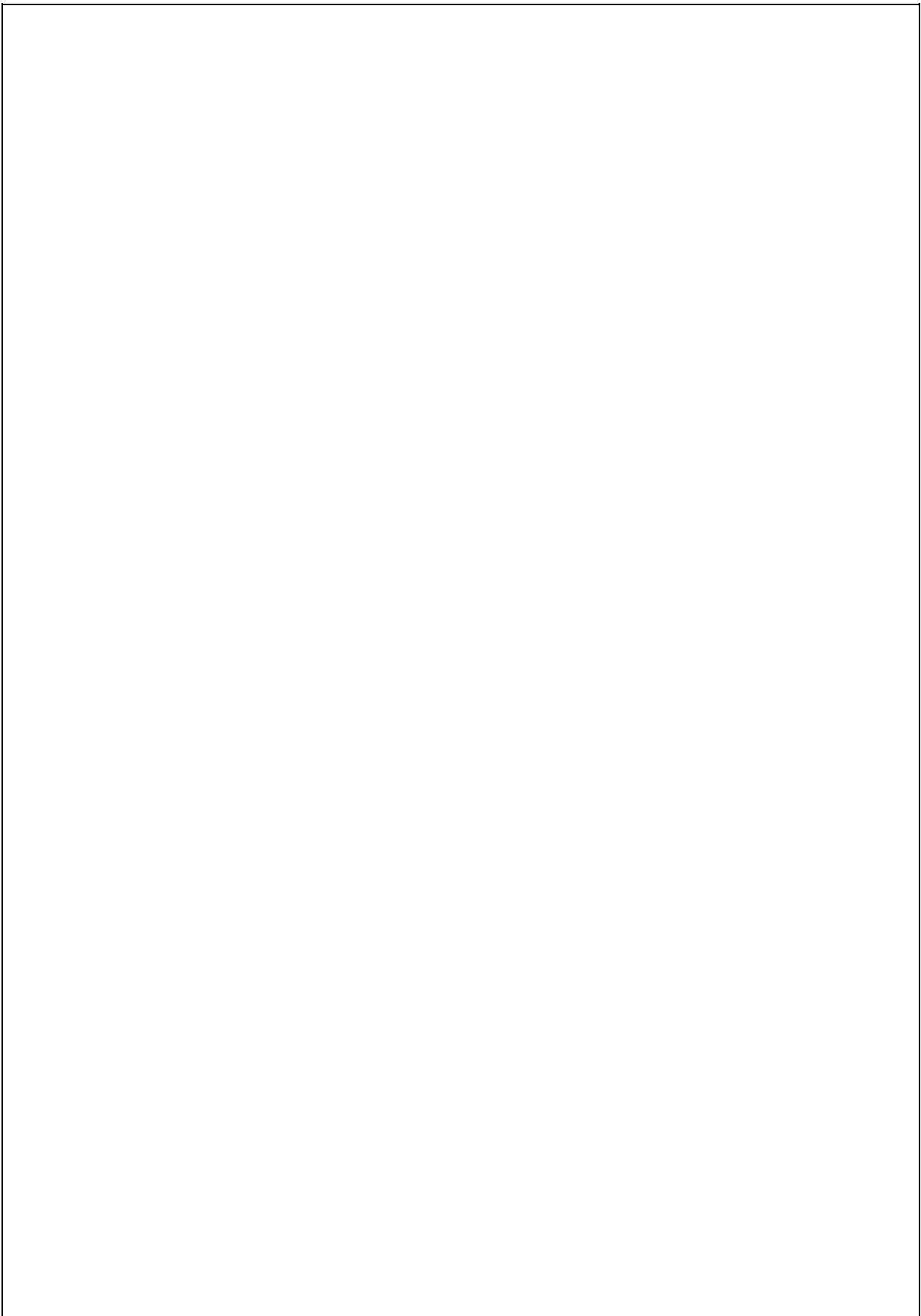
**(Please insert your response here)**

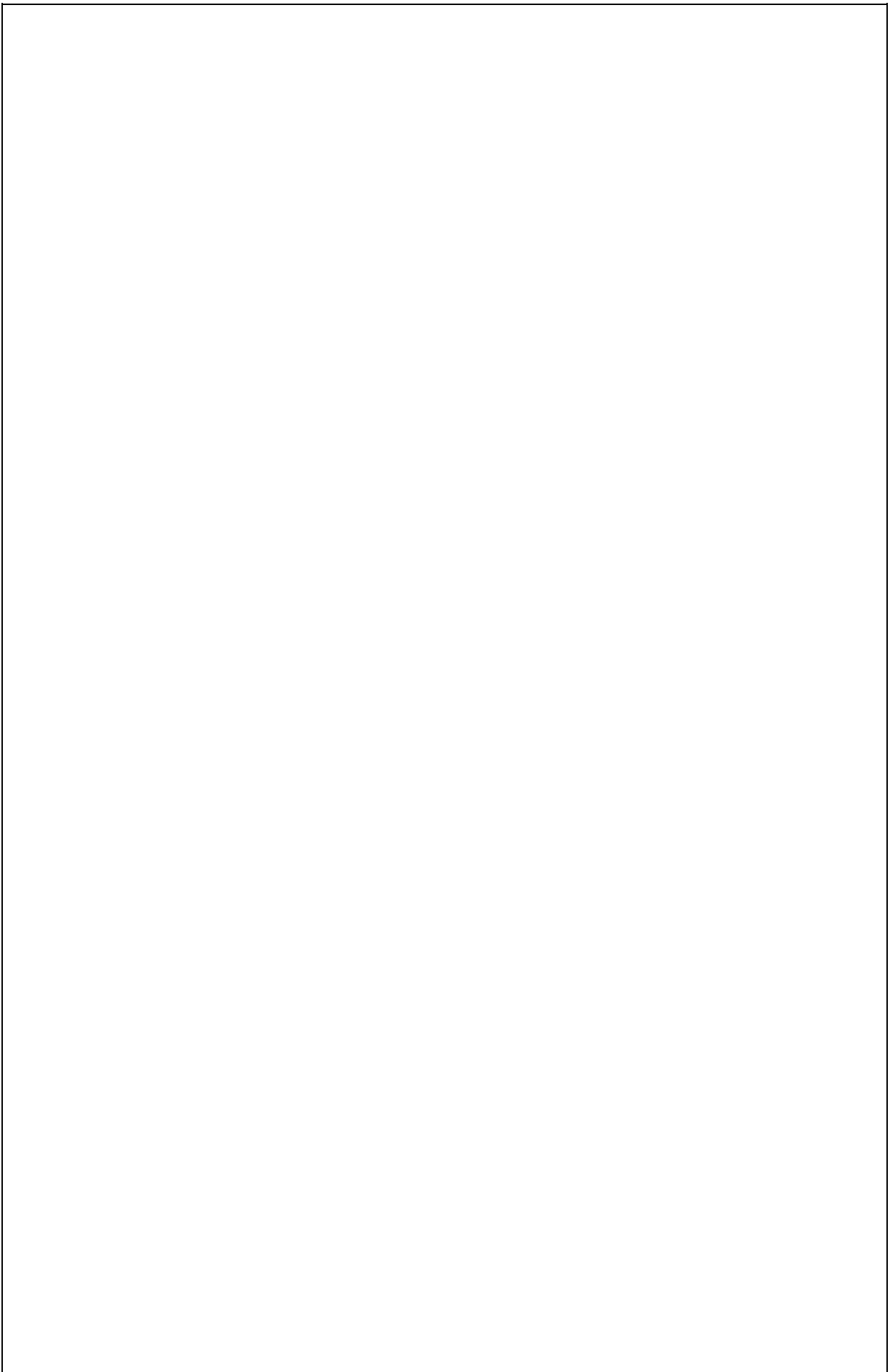
**Word Count:**

|                        |
|------------------------|
| <b>Panels Comments</b> |
|------------------------|











## CRITERIA 5.11/ APPENDIX F: TRANSCRIPT PROFORMA

### 5.11: Evidence

Please complete Appendix F providing:

- ✓ a continuous 10 – 15 minutes' transcript from a session with the client, or clients if using relationship work, as written about within the case study. This should capture what was going on for you as a counsellor during the interchange, the types of responses you made to the client, why you made them and the broader rationale behind your responses and/or interventions.

### 5.11: Transcript Guidance and Criteria

Please note that if you attempt to 'cut and paste' text from a separate document onto the transcript proforma then the tables formatting will be impacted. If you are unable to rectify this please submit the transcript as a separate document and attachment.

Completing the Pro-forma and definition of its terms:

- ✓ Time= Please state where in the session the excerpt is taken from. Recording timings may be used
- ✓ Dialogue=Please use the terms CO for Counsellor and CL for Client. To differentiate between counsellor/client dialogue please use bold italic for counsellor dialogue.
- ✓ Process= In this section clearly state what was going on for you as a counsellor during this interchange and what skill or intervention you demonstrated in relation to this
- ✓ Evaluation= Please evaluate effectiveness or the non-effectiveness of this response or intervention, in relation to the interchange with the client. For instance, what have you learned from this? What would you do differently?

Clearly the content and issues arising within the transcript will be unique and will not necessarily provide the opportunity to demonstrate all of your competencies as a counsellor. However, it should endeavour to demonstrate fundamental aspects of your therapeutic approach, and thus be consistent with your stated approach.

Please retain a copy of your recording until you are satisfied it will not be required as part of your evidence. The Panel has the right to request a copy to listen to, if it is considered to be helpful for your application. Once you have been awarded accreditation all evidence is confidentially destroyed.

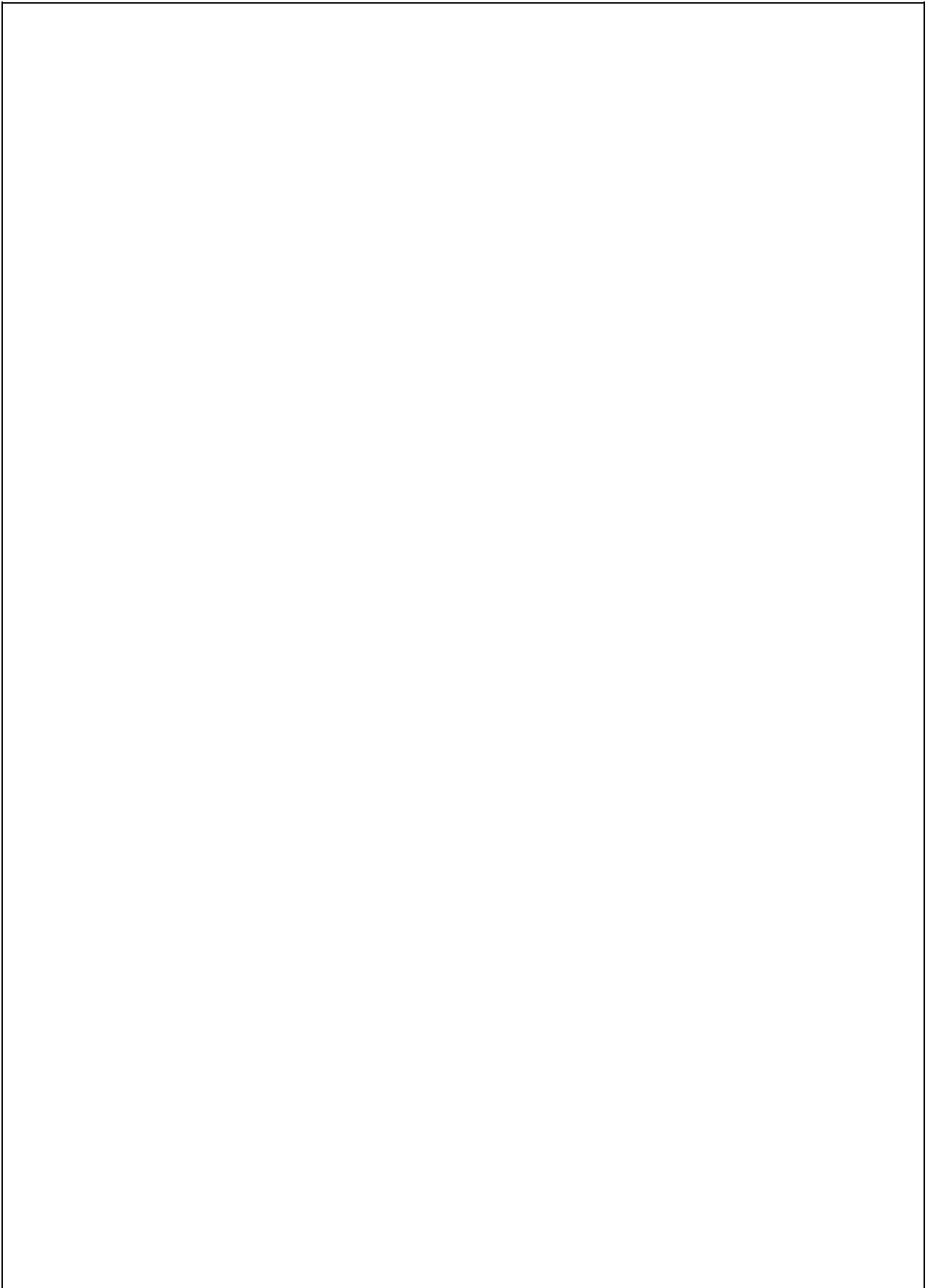
| CRITERIA 5.11/ APPENDIX F<br>TRANSCRIPT PROFORMA |          |         |            |
|--|----------|---------|------------|
| Time   | Dialogue | Process | Evaluation |
|  |          |         |            |

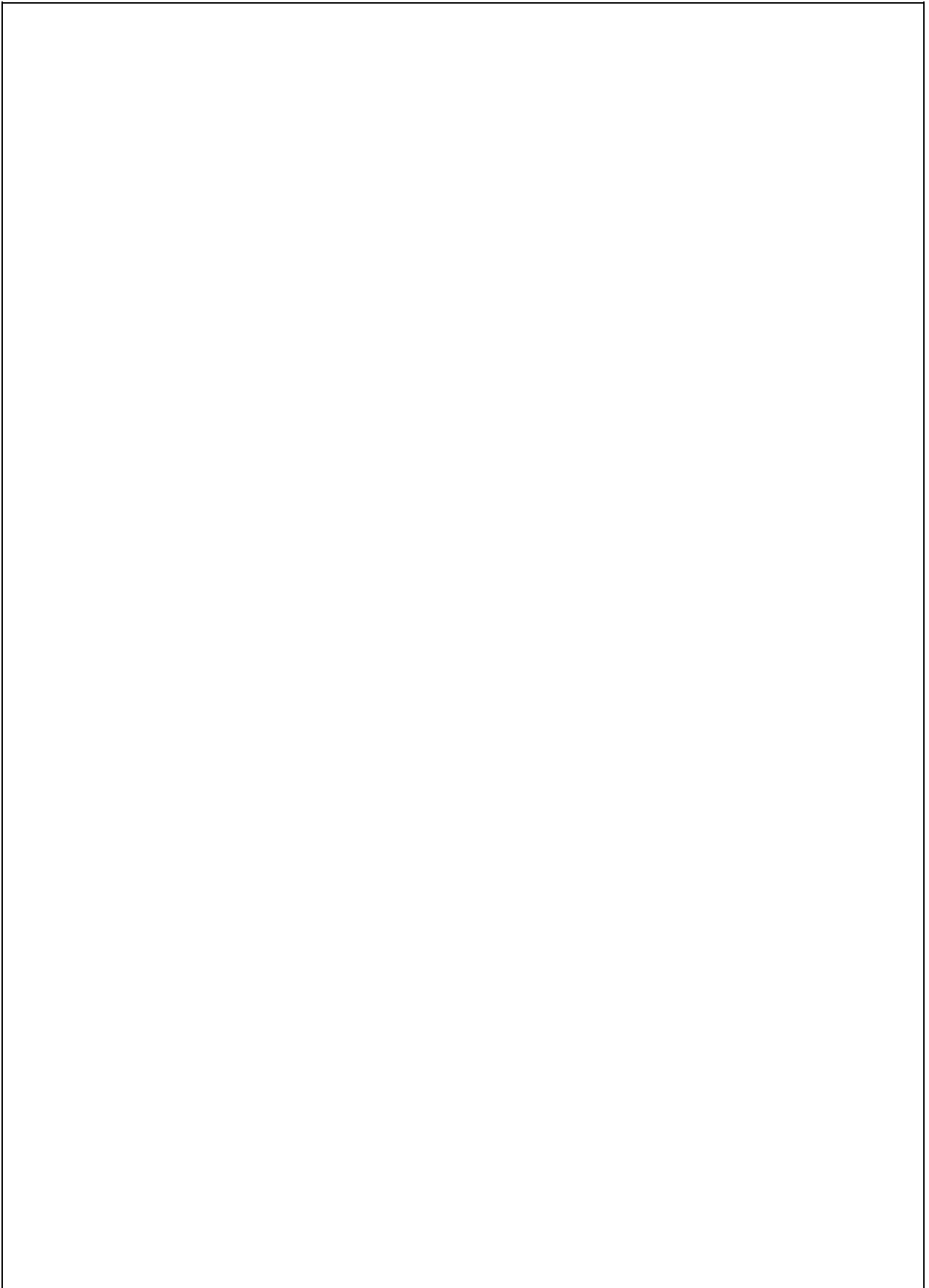
| Time | Dialogue | Process | Evaluation |
|------|----------|---------|------------|
|      |          |         |            |

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

## Panels Comments







## 6. Continuing Professional Development

### 6.1 Criteria

You must have an accumulated total of 54 CPD hours with an average of 18 hours over the last 3 years.

CPD is an activity that develops your understanding and skills in your profession and impacts on your work as a counsellor. You should evidence a range of CPD activities, examples of which may include attendance at or completion of courses, workshops, conferences, webinars, (face to face or remotely) writing articles relevant to professional practice, participation in relevant groups or committees, personal therapy, research relevant to counselling therapy and self-directed learning and reading.

### 6.2-6.4 Evidence

- ✓ Criteria 6.2- Please complete 'Appendix G' the CPD log table (page 28), providing an overview of your CPD over the last 3 years. This must total at least 54 hours, with an average of 18 hours per annum.
- ✓ Criteria 6.3- Please provide a reflective statement **of no more than 500 words** detailing the ways in which at least 2 pieces of CPD (but no more than 3) have influenced your practice.
- ✓ Criteria 6.4- Please ensure to submit any items of supporting certification or other evidence confirming completion or attendance at CPD (where relevant) in relation to the above criteria. You must evidence a minimum of 54 hours. Please ensure to clearly title the items indicating where they correspond with the above criteria. Please ensure to complete Appendix B, Supporting documents accordingly.

| CRITERIA 6.2 / APPENDIX G- CONTINUING PROFESSIONAL DEVELOPMENT LOG |  |
|--|--|
|--|--|

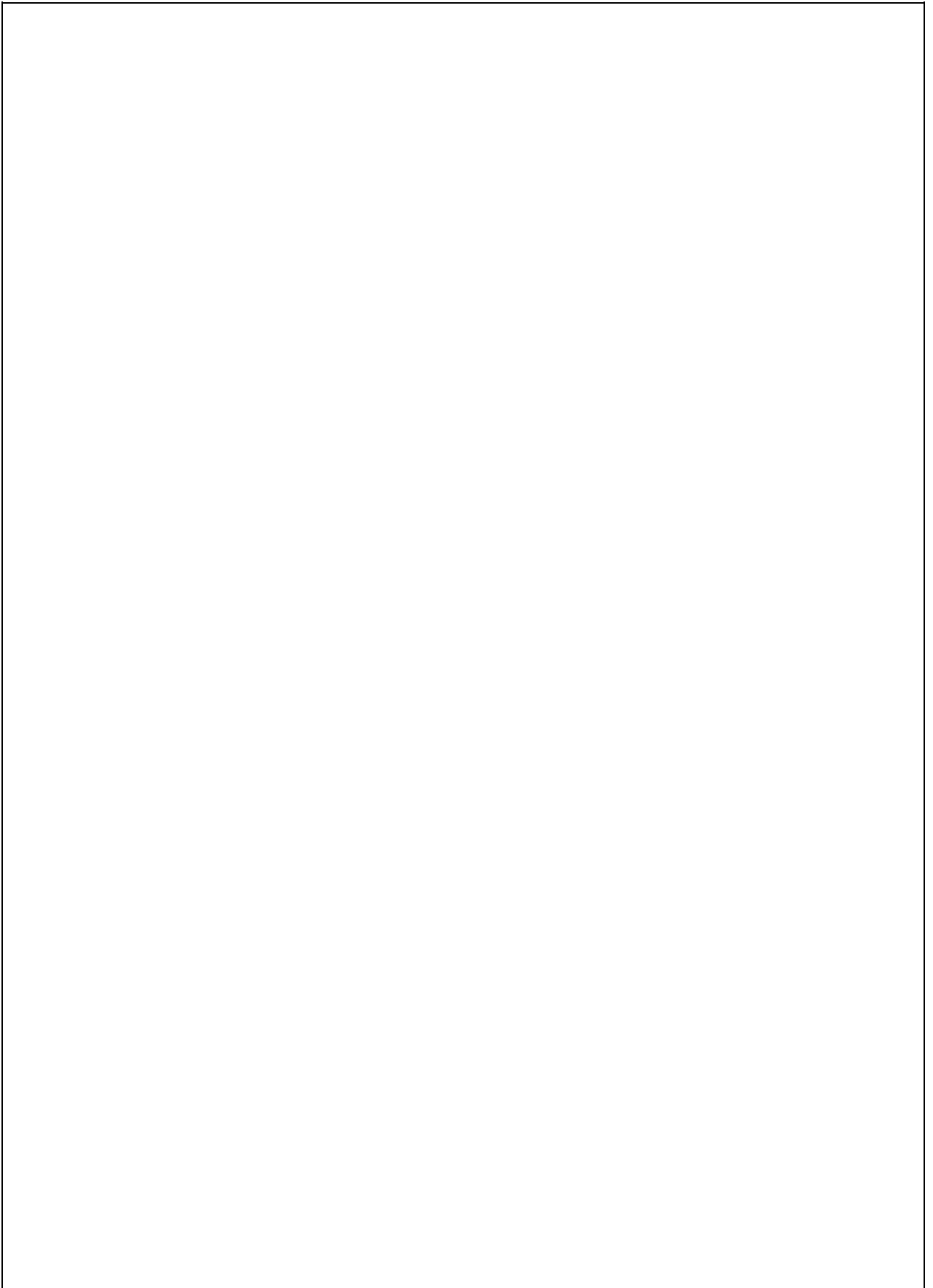
[illegible]

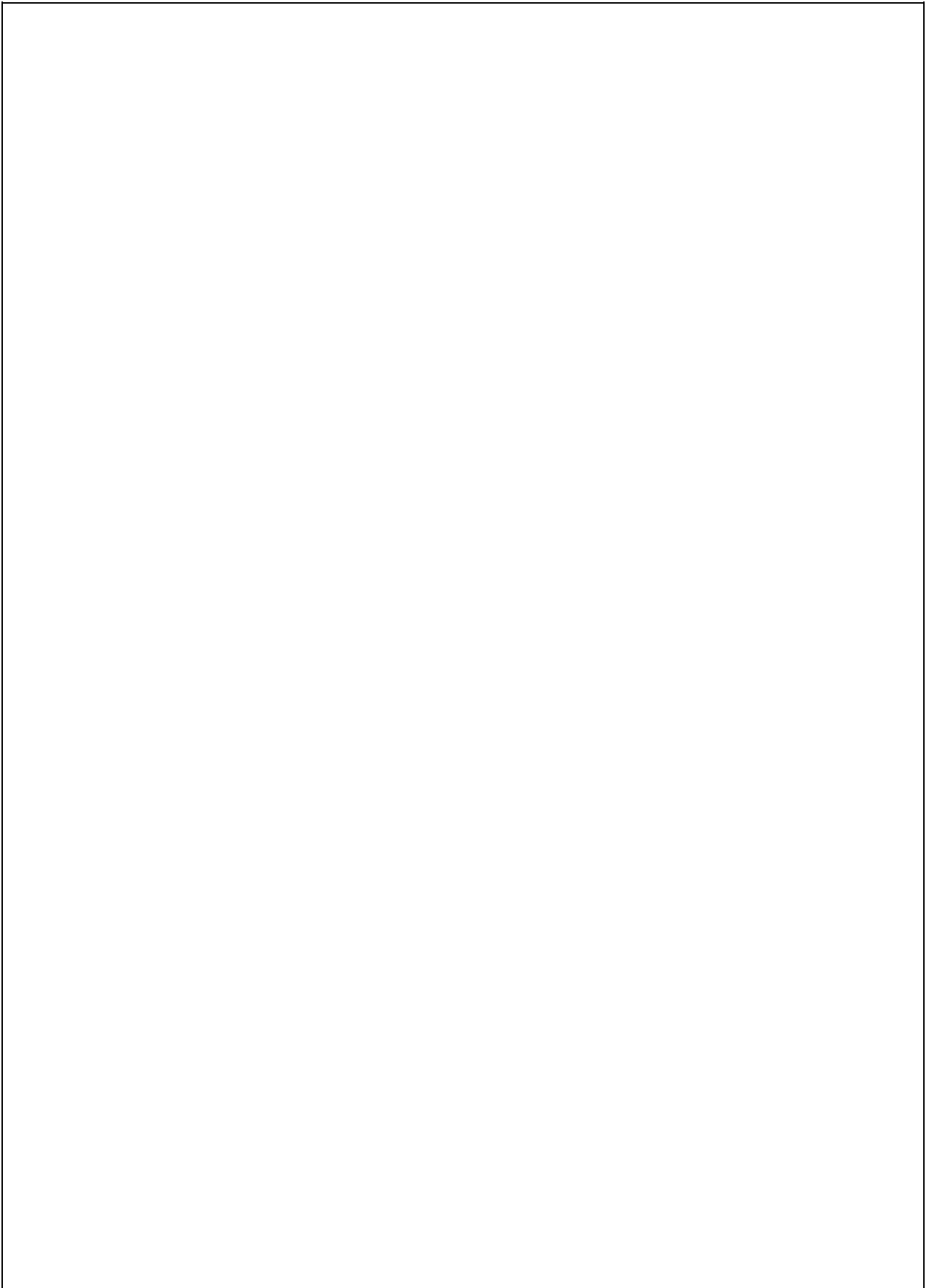
**Criteria 6.3 CPD Statement**

**(Please insert your response here)**

**Word Count:**

## Panels Comments





## 7. Reflective Practitioner

### 7.1 Criteria

You must be a reflective practitioner.

A reflective practitioner focuses on their own actions, emotions and thoughts in the counselling/therapy session as well as attending to the quality of the interactions between the client and themselves.

Being a reflective practitioner involves a willingness to be vulnerable and to be open to learning. It also involves examining one's actions, emotions and thoughts in order to further develop active and critical inquiry about one's own aware and unaware activity in the session. Personal insight and self-awareness on the part of practitioners is considered central to being a reflective practitioner.

### 7.2 Evidence

Evidence of having undertaken a process of personal exploration and growth must be demonstrated.

This on-going personal development/growth needs to be consistent with your stated therapeutic approach and developing practice. For example, you may choose to reflect on how life experiences, personal therapy, insights gained through CPD or in supervision have impacted your personal development and practice.

Please give a statement 1200-1500 words a) reflecting on your process of personal exploration and development and b) how this has impacted on your work as a counsellor/psychotherapist and your use of self in the therapeutic relationship. Give specific examples of what happened when particular clients brought up a difficult issue for you, and how you dealt with it.

It is important that the above points are articulated in a way that is consistent with your stated therapeutic approach and developing practice.

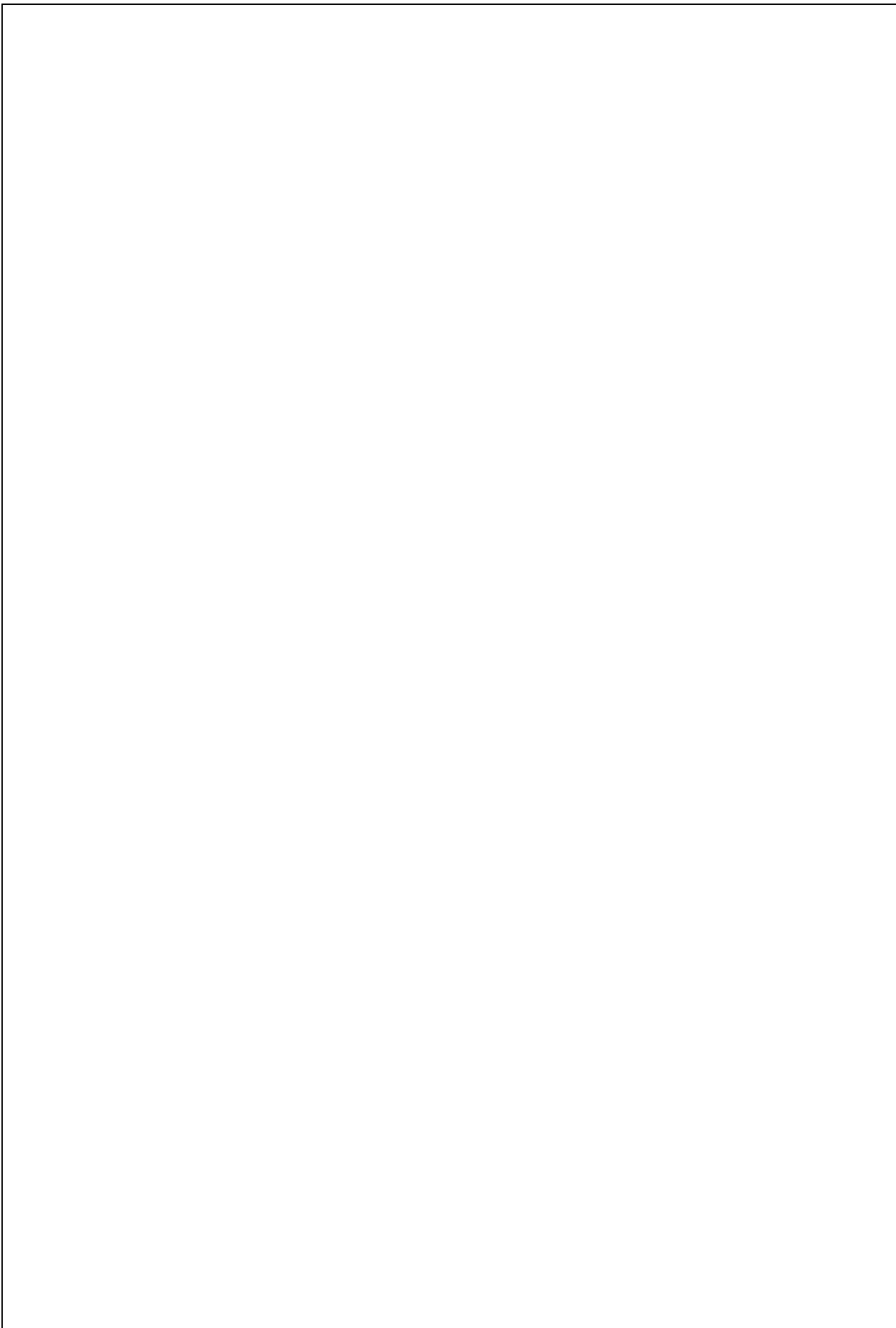


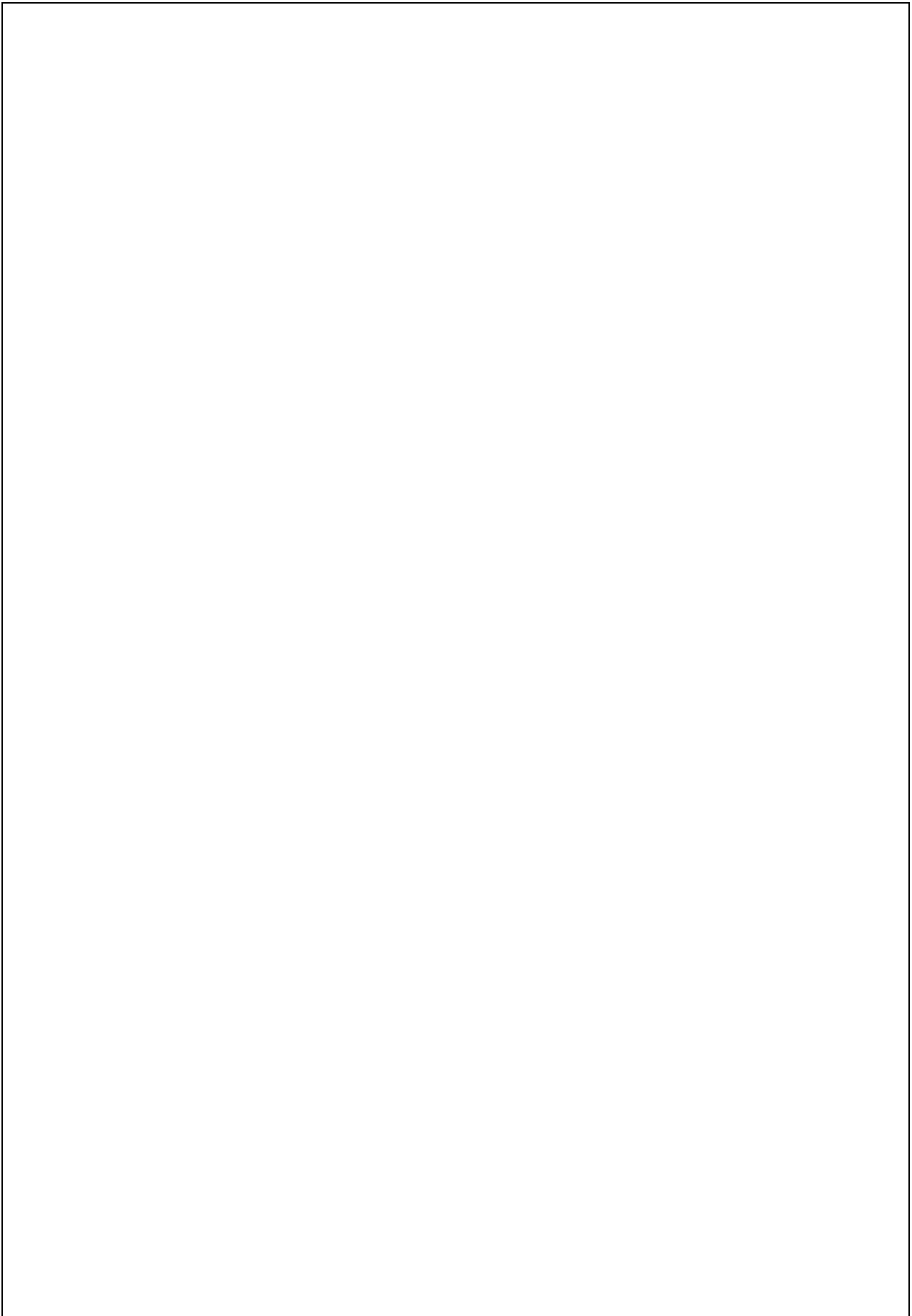
## **7.2 Reflective Practitioner Statement**

**(Please insert your response here)**

**Word Count**

|                        |
|------------------------|
| <b>Panels Comments</b> |
|------------------------|





## 8. Supervision

### 8.1 Criteria

You must have 450 hours of supervised counselling/therapy practice on a ratio of at least 1:12 or at least 1.5 hours in any calendar month for over 18 hours per month

### 8.1 Evidence

A detailed supervision log (see Appendix H Supervision Sessions) covering your 450 hours of counselling/therapy practice that you have undergone a supervision ratio of at least 1:12 or at least 1.5 hours in any calendar month for over 18 hours per month during your practice (as stated in the COSCA Statement of Ethics and Code of Practice). At least 65-75% of your supervision must be on a one to one basis.

If group supervision is to be considered as part of the period of supervision, groups should be no larger than permits an allowance of 20 – 30 minutes per group member in the supervision session. The focus of the work must be on client related issues, and the group led by a substantially experienced practitioner: 'peer-led' groups are not acceptable.

Example: A counsellor/psychotherapist is a member of a supervision group of 4 supervisees, meeting for 2 hours every month. This provides  $\frac{1}{2}$  client supervision hour per month for the counsellor. The counsellor is also having fortnightly individual supervision sessions of 1 hour, providing her with a further 2 hours per month. She thus received  $2 \frac{1}{2}$  supervision hours in total per month. She has arranged this amount of supervision because she works 8 hours per week, seeing between 6 – 8 clients per week. This works out at an average ratio of approximately 1:12 over the year.

### 8.1 Criteria

A statement of the name of your supervisor, duration, frequency of supervision meetings and ratio of supervision hours to client hours. For group supervision, please state the name of the supervisor, the size of the group as well as the duration and frequency of meetings (see Appendix H Supervision Sessions).

| Year | No. of client hours | No. of supervision hours |       | Ratio |
|------|---------------------|--------------------------|-------|-------|
|      |                     | Individual               | Group |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |
|      |                     |                          |       |       |

**Current Supervision: (Individual Supervision)****Current Supervisor**

Name:

Duration

Frequency

**Previous Supervisor**

Name

Duration

Frequency

**CRITERIA 8.1/ APPENDIX H: SUPERVISION SESSIONS****Group Supervision**

Name of Supervisor

Size of Group

Duration

Frequency

If you have had additional group supervision, please copy this Appendix and complete as appropriate.

## **Criteria 8.2: Evidence- Counselling/Psychotherapy supervisor's report**

A report from your counselling/therapy supervisor (see Appendix I Supervisor's Report).

Your supervisor should be a substantially experienced or accredited counsellor/psychotherapist who belongs to an appropriate professional organisation that has a Statement of Ethics and Code of Practice. They should have wide experience in supervision and not hold any line management responsibilities for your counselling/therapy, unless there are exceptional circumstances.

Please note that if you have been working with your current supervisor for less than 6 months, you will also require a supervisor's report from your previous supervisor.

Your supervisor should have as much involvement as possible to support you in the compilation of your application. You may wish to pay for an additional supervision session to focus specifically on accreditation.

Please provide your supervisor with 'Appendix I' and the following documents to aid them:

- ✓ a copy of the COSCA Guidelines and Criteria for Accreditation of Counsellors and Psychotherapists
- ✓ a copy of the COSCA Statement of Ethics and Code of Practice
- ✓ a copy of your case study and transcript for them to verify (including a copy of the criteria for the case study)
- ✓ your completed application for feedback and confirmation.



## APPENDIX I – SUPERVISORS REPORT

### CRITERIA 8.2/ APPENDIX I: SUPERVISOR'S REPORT

Page 1 of 9

**It is your Supervisee's responsibility to provide you with:**

- ✓ a copy of the COSCA's Application and Guidelines for the Accreditation of Counsellors and Psychotherapists
- ✓ a copy of the COSCA Statement of Ethics and Code of Practice

**You are required to provide information on the following:**

➤ that you have line managerial responsibility for the applicant

**YES**   ☐

**NO**   ☐

If YES, please describe below your line management relationship with your supervisee and how you think that it is in accord with paragraph 8 on client-work Supervision in the COSCA Statement of Ethics and Code of Practice.

- that you have a) received and b) read COSCA's Application and Guidelines for the Accreditation of Counsellors and Psychotherapists

**YES** ☐

**NO** ☐

If NO to either a) or b) above, please provide an explanation below.

- that you have a) received and b) read the full Counsellor Accreditation application of your supervisee

**YES** ☐

**NO** ☐

If NO to either a) or b) above, please provide an explanation below.

- that, as far as you know, the application submitted has been completed by your supervisee, including the case study(s) and the transcript of a counselling session

**YES** ☐

**NO** ☐

If NO, please provide an explanation below.

- that you consider that the above accreditation application of your supervisee meets all of the criteria for counsellor accreditation, including the criteria for the case study

**YES** ☐

**NO** ☐

If NO, please state the specific criteria not met in the accreditation application and give your reason(s) for your view.

- that you have a) checked and b) verified as accurate all original documents submitted with this application, including those relating to the core training and qualifications of the applicant

**YES** ☐

**NO** ☐

If NO to either a) or b) above, please provide an explanation below

**Name of Applicant:****Supervisor's Details**

|               |
|---------------|
| Surname       |
| Forename(s)   |
| Address       |
| Post Code:    |
| Telephone No: |
| Email:        |

**Qualifications / training in counselling/psychotherapy and counselling supervision**

**Please list your qualifications / training, giving names of awarding bodies and dates qualifications/training gained.**

**Please state membership of professional body(s)**

**Your experience in Counsellor/Psychotherapy Supervision**

**Date of starting work as a Counsellor/Psychotherapist Supervisor:**

**Do you consider that the applicant abides by the COSCA Statement of Ethics and Code of Practice?**

**YES** ☐

**NO** ☐

**If NO, please explain**

**How long have you been supervising the applicant's work?**

**Please give your opinion of the present competence of the applicant's work including reference to the applicant's stated therapeutic approach and how this is applied in the therapeutic relationship.**

**Do you consider the applicant to be ready at this time for accreditation by COSCA?**

**YES** ☐

**NO** ☐

**If Yes, please give your reason(s) below.**

**If No, please give details below.**



**To be signed by the Supervisor:**

- **The case study, transcript and the application were written by the applicant**
- **I have no line managerial responsibility for the applicant**

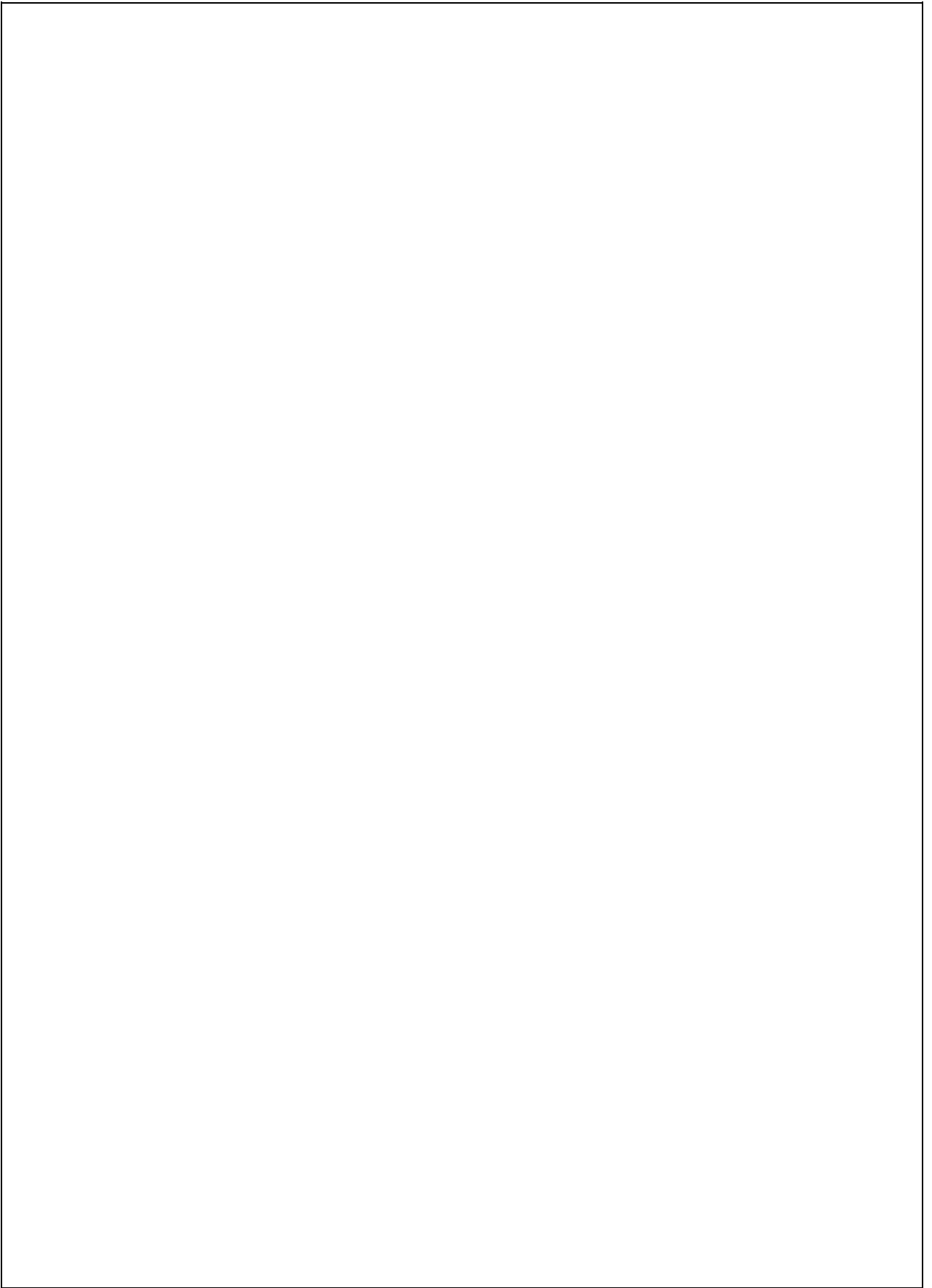
Print Name

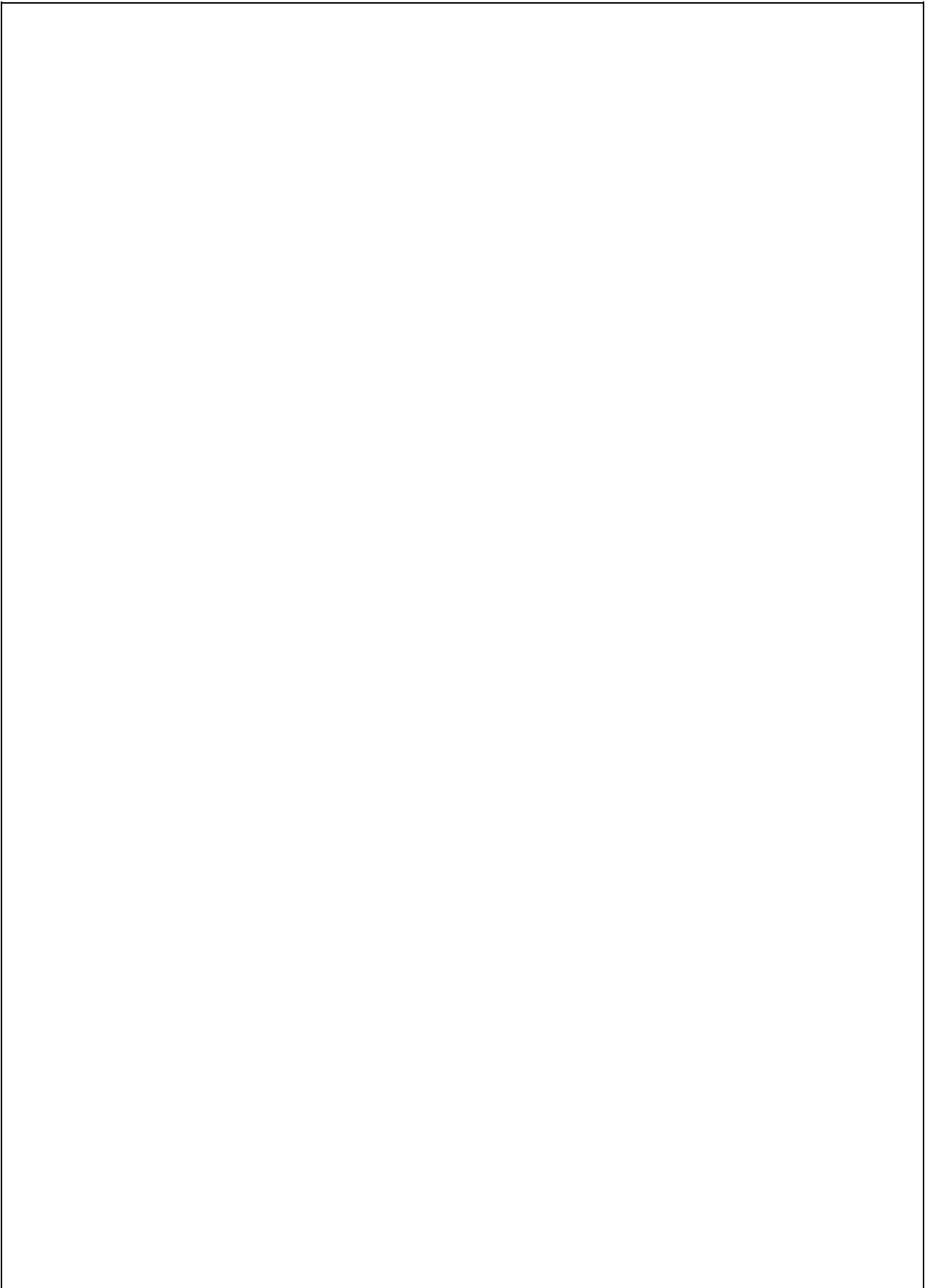
Electronic Signature

If this isn't possible please send an email directly to COSCAs Development Officer Jenny, [jenny@cosca.org.uk](mailto:jenny@cosca.org.uk) to verify all details on the supervisors report.

Date

| Panels Comments |
|-----------------|
|                 |





## Payment

COSCA Counsellor/Psychotherapist Accreditation fees and resubmission fees, if applicable, can be found on [www.cosca.org.uk](http://www.cosca.org.uk) – Fees.

**Payment requires to be received before the Panel meeting date. I**

**am paying the Accreditation Fee of**

**Direct to Bank:**

Virgin Money

Sort Code: 82 68 05

Account Number: 70174110

**Date paid to Bank:** ☐

**Cheque enclosed** ☐

**Invoice required** ☐

Please add £2.00 service charge

*Please give invoice details if different from your own details.*