



**COSCA VALIDATION OF COURSES
 COSCA SPECIALIST COURSE
 VALIDATION APPLICATION**

Please note that Applicants require to use the current Guidelines and Application Forms for submission for Validation www.cosca.org.uk – Validation.

Please complete the following:

See Section B, Point 1 of the Guidelines	
Organisation applying for Validation	
Address	
Post Code	
Contact Person	
Designation	
Telephone Number	
Email Address	
Website	
COSCA Membership No: <i>(Organisational Membership is a requirement)</i>	
Title of Course	
Number of Tutor Contact Training Hours	
Level of Course for Validation: <i>Please tick</i>	
Pre-Diploma Level <input type="checkbox"/>	Post-Diploma Level <input type="checkbox"/>

Office Use

Date Received	
Payment	

Please indicate details of training delivery of Module 1 for the COSCA Assessor to visit the course.
Dates and Timing of Training Delivery
Location of Venue

1 ETHICS AND PRACTICE (Please refer to Section A, Point 1 of the Guidelines)
1.1 How do you make known to participants COSCA's Statement of Ethics and Code of Practice, your Equal Opportunities, Anti-discriminatory and Grievance/Complaints Procedures?

1.2 Please enclose with your application all publicity material relating to the Course. This should include advertisements, leaflets, course prospectus, etc.

3 TRAINERS

3.1 COSCA Accredited Trainers

Please complete the form below the required information in relation to COSCA Accredited Trainers involved in the training of your COSCA Validated courses.

Name	<i>Accredited Trainer</i> <i>Please ✓</i>	Membership Category	Email Address

3.2 Non COSCA Accredited Trainers

The COSCA Validation Guidelines require you to submit to COSCA:

1. Non COSCA Accredited Trainers Observation Report of Trainer Competence for each non accredited trainer within 6 months of being involved in the delivery of training on COSCA Validated course – Appendix 6.
2. Non COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated course – www.cosca.org.uk – Validation – General.
This completed form requires to be submitted to COSCA prior to the trainer becoming involved in the delivery of the training.
3. If you have not submitted these forms, please advise COSCA immediately and complete and submit the relevant forms as soon as possible. Please indicate when the forms will be completed and submitted to COSCA.

Name	Observation Report submitted	Application to Deliver Training form submitted	Email address

3.3 Please provide evidence of the organisation's strategy for trainer development and the provisions for trainer support and supervision.

4 TRAINER:PARTICIPANT RATIO (Please refer to Section A, Point 4 of the Guidelines).

4.1 Please indicate the ratio of trainers to participants normally expected in the delivery of this training.

4.2 If there are more than 12 participants with one trainer, please describe how the needs of the trainer and participants will be met.

4.3 If you intend to have two trainers or more working with 16 – 24 participants, please indicate how these groups will be facilitated.

5 COURSE MONITORING (Please refer to Section A, Point 5 of the Guidelines).

5.1 Please indicate how the overall structure, method of delivery and continued appropriateness for the target group is being reviewed and how the course is being monitored, periodically evaluated and reviewed.

5.2 You are required to appoint an External Assessor, who is independent of your organisation, within 6 months of Initial Validation being awarded. Please give the name and contact details of your External Assessor below. Please also describe the monitoring role of your External Assessor below. If you have already appointed an External Assessor, please given the name and contact details below. Please also describe the monitoring role of your External Assessor below (see Guidelines section 2.5, page 17).

Name of External Assessor
Address
Email
Telephone
Monitoring Role

6 RESOURCES (Please refer to Section A, Point 6 of the Guidelines).
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6.1 Please detail the resources available for the delivery of the course, including the suitability of the venue.

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6.2 Please give details of the written confirmation participants will receive on completion of the course and detail the methods, procedures and the personnel responsible for communicating outcomes to participants.
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6.3	Please provide details of the advice and guidance facilities available to participants.
7	COURSE STRUCTURE AND CONTENT (Please refer to Section A, Point 7 of the Guidelines).

7.1	Please provide an overview of the course structure, how it was developed and the expected work situation of those for whom it has been designed.

7.2	Please provide some indicative course content which demonstrates the content and delivery methods for a section of the course.

7.3	Please provide an account with evidence of your understanding of the training process relevant to skills, knowledge and self-awareness.

8 AIMS, LEARNING OUTCOMES, RANGE AND METHODS AND ACTIVITIES (Please refer to Section A, Note 8 of the Guidelines)

8.1 Please provide details of the Aims, Learning Outcomes, Range, Methods and Activities of the course.

8.2 Please indicate how and when details of the Aims, Learning Outcomes, Range, Methods and Activities are given to the participants.

9 ASSESSMENT (Please refer to Section A, Point 9 of the Guidelines)

9.1 Please provide details of the assessment framework, formative and summative, based on the learning outcomes of the Modules and/or units of the course.

9.2	Please indicate how and when this information is given to participants, together with the support offered.

10	TIMING AND SPACING (Please refer to Section A, Point 10 of the Guidelines)
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10.1	Please indicate the training schedule and how the needs of the trainers and participants are to be met within this schedule.

10.2	Please indicate how the participants are informed about the spacing of the training.

11 ATTENDANCE (Please refer to Section A, Point 11 of the Guidelines)
Please provide details about how the participants are to be informed about the attendance requirements.

12 SELECTION (Please refer to Section A, Point 12 of the Guidelines)
Please provide details of the criteria and procedure for selection onto the course.

13 ACCREDITATION OF PRIOR LEARNING AND EXPERIENCE (APL/APEL) (Please refer to Section A, Point 13 of the Guidelines)
Please provide details of how the assessment of APL/APEL will be carried out, and by whom including an account of their suitability.

14 DISCONTINUATION OF PARTICIPANTS (Please refer to Section A, Point 14 of the Guidelines)
Please submit your written contractual requirements for the discontinuation of participants from the course.

15 DECLARATION

I declare that:

- to the best of my knowledge and belief the information provided in this application is an accurate reflection of the training provided by this organisation/agency
- I accept responsibility for this organisation/agency abiding by the current and any future updated Guidelines and Procedures for the Validation and Revalidation of Specialist Courses
- I understand that a failure to disclose relevant information on application, during the process or the period of re-validation can lead to termination of the course validation
- I understand that omitting to inform the CVP of any changes to and development of the course may result in validation being withdrawn
- I understand that if our Organisational Membership of COSCA lapses, or is terminated for any reason, COSCA Validation will cease in respect of this application
- I will submit the Annual Monitoring Form for October annually.

Name of Contact Person (please print)

Signature of Contact Person

Designation within Organisation

Organisation Applying for Validation

Date

Validation application submission dates are on www.cosca.org.uk – Validation – General.

FIVE signed copies of your completed application must be submitted to the COSCA office together with the Validation Fee, prior to the meeting of the Panel.

Validation Fees are available on www.cosca.org.uk - Costings.

Payment

I am paying the validation fee of:

Direct to Bank:

Clydesdale Bank PLC

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.