

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 – Membership – Individuals.

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	
<i>Registrant Name</i>	
<i>Registrant (membership) Category</i>	
<i>Registration (membership) Number (if known)</i>	
<i>Are you a member of a statutory regulator or any other professional body? (If yes, please give details)</i>	

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 areas of interest searches.

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