



**COSCA (Counselling & Psychotherapy in Scotland)**  
 16 Melville Terrace | Stirling | FK8 2NE  
 t: 01786 475 140 f: 01786 446 207  
 e: [christina@cosca.org.uk](mailto:christina@cosca.org.uk) w: [www.cosca.org.uk](http://www.cosca.org.uk)

**Office Use**

Finance	Membership Details

**Application for COSCA Membership:**  
**Accredited (BACP) Counsellor/Psychotherapist**  
**Member of COSCA**

Notes for Applicants:

- Applicants for membership must be residing and practising in Scotland for at least 3 months prior to submitting an application.
- Accreditation with the BACP is a requirement for this category of membership.
- 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](http://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 [christina@cosca.org.uk](mailto:christina@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.

<b>1. CONTACT DETAILS</b>
Surname:
Forename(s):
Title:
Address:
Postcode:
Telephone No:
Work No:
Email:

<b>2. MEMBERSHIP OF THE BRITISH ASSOCIATION OF COUNSELLING &amp; PSYCHOTHERAPY AS AN ACCREDITED COUNSELLOR/PSYCHOTHERAPIST.</b>
BACP Accreditation Number:
Date of Awarding of Accreditation:
Date of Renewal:

<b>3. CURRENT COSCA MEMBERSHIP NUMBER (if applicable)</b>
COSCA membership number: _____

#### 4. MEMBERS 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](http://www.cosca.org.uk).

#### 5. 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](http://www.cosca.org.uk)

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

#### 6. COSCA JOURNAL

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

## 7. PROFESSIONAL PRACTICE

Information given below will not necessarily exclude you from COSCA membership

1. Do you have any criminal 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 that 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 barred under the Protecting Vulnerable Groups Scheme/ Disclosure Scotland?

YES

NO

## 8. COUNSELLING SUPERVISION

**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 BACP 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 with BACP should have supervision not less than 1 hour per month and the supervision should be appropriate to the volume and nature of client work.
- the years of counsellor accreditation with BACP count towards the 5 years of accreditation necessary to fulfil the requirement of the above 1.5 hours and one hour of supervision per month.

**How many years have you been accredited with BACP?**

\_\_\_\_\_ YEARS

**On award of COSCA Membership I will abide by the above requirements:**

*Please tick*

**YES**

**NO**

## 9. MEMBERSHIP FEE

Membership Fee: £58.00

Membership Fee (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.

- I apply for reduced rate of membership
- I am paying via the bank Date paid:
- I enclose a cheque made payable to COSCA
- I require an invoice (invoice charge £2.00)

*Invoice Address, if different:*

Membership fee of £ \_\_\_\_\_ plus donation of £ \_\_\_\_\_

Invoice charge (£2.00)

**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 refund will be made.

## 10. MEMBERSHIP AS A COSCA ACCREDITED COUNSELLOR

On approval of Accredited (BACP) Counsellor/Psychotherapist Membership of COSCA, you may be eligible to become a COSCA Accredited Counsellor (please check the criteria on the application form).

You should complete the application form:

**Change: from: Accredited (BACP) Counsellor/Psychotherapist Member of COSCA  
To: COSCA Accredited Counsellor/Psychotherapist Member**

- available on [www.cosca.org.uk](http://www.cosca.org.uk) and submit this at the same time as the application to become an Accredited (BACP) Counsellor/Psychotherapist Member of COSCA, at which time there is no further fee involved.

***If you wish this application form to be sent to you, please tick the box:***

## 11. DECLARATION

I declare that:

1. I am currently practising as a counsellor or psychotherapist at the level required for continued accreditation with the BACP.
2. I apply for Accredited (BACP) Counsellor/Psychotherapist Membership of COSCA and agree to abide by COSCA's Memorandum and Articles of Association and COSCA's Statement of Ethics and Code of Practice
3. I will comply with COSCA's arrangements for handling complaints and concerns. The COSCA Complaints Procedure is available on [www.cosca.org.uk](http://www.cosca.org.uk).
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 BACP 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](http://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](http://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](http://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	
<i>Registrant Name</i>	
<i>Registrant (membership) Category</i>	
<i>Registration (membership) Number (if known)</i>	

**PLEASE NOTE: 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 areas of interest searches.

**OPTIONAL INFORMATION**

<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</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>	

**MANDATORY INFORMATION**

<p>Signed: Please insert your electronic signature.</p> <p><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></p>	
Print Name:	
Date:	