



COSCA (Counselling & Psychotherapy in Scotland)
16 Melville Terrace | Stirling | FK8 2NE
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Office Use

Finance	Membership Details
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Application for COSCA Membership: Counselling Skills Member

Notes for Applicants:

Use of COSCA Logo:

- COSCA Members are encouraged to use the COSCA logo - www.cosca.org.uk
- Only COSCA Registrants are entitled to use the Professional Standards Authority Accredited Registers Logo. Student, Counselling Skills and Associate Members are not entitled to use the Professional Standards Authority Accredited Registers Logo.

1. CONTACT DETAILS

Surname:

Forename(s):

Title:

Address:

Post code:

Home Telephone no.:

Work Telephone no.:

Email:

2. CURRENT COSCA MEMBERSHIP NUMBER *(if applicable)*:

COSCA membership number:

3. 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

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

4. COSCA JOURNAL

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

5. PROFESSIONAL PRACTICE

Information given below will not necessarily exclude you from COSCA membership.

1. Have you had membership of any professional counselling/psychotherapy body withdrawn?

YES

NO

If "YES", please give details.

1. 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.

2. 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.

3. Have you ever been listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

4. Are you currently listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES

NO

6. PRACTICE OF COUNSELLING SKILLS *(Please provide information on 6.1 and 6.2)*

6.1 Your interest in the use of counselling skills and the work of COSCA (Counselling & Psychotherapy in Scotland)

6.2 Your current practice of counselling skills e.g. as a befriender, mentor, advocate, mediator, nurse, mental health worker, social worker etc., or in informal settings with, for example, family, friends, and/or colleagues.

Applicants providing information on their use of counselling skills in informal settings are encouraged to distinguish their use of counselling skills as learned from the COSCA Counselling Skills Course or from the helping relationships they had prior to doing the above Certificate.

7. TRAINING IN COUNSELLING SKILLS

7.1 Please give details of your training in counselling skills. You need to have completed the COSCA Counselling Skills Course or equivalent (120 hours tutor contact hours).

Dates	Name and address of Institution/organisation where you undertook your training	Course Title	Qualification(s) Gained

7.2 Please provide a copy of the evidence of your successful completion of your training in counselling skills.

Please note that COSCA will not return evidence supplied.

Please tick

Evidence enclosed

8. CURRENT MEMBERSHIP OF PROFESSIONAL BODY(S) IN THE FIELD OF COUNSELLING/PSYCHOTHERAPY (if applicable)

Date of Joining	Professional Body	Membership Category

9. REFERENCE

Please provide one **reference** from someone who can vouch for your use of counselling skills your suitability to join COSCA as a Counselling Skills Member.

You should ask your referee to send the reference direct by post to COSCA.

10. MEMBERSHIP FEE

Counselling Skills Membership: £38.00
Counsellor Skills Membership (Reduced Rate): £28.00

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: Clydesdale Bank PLC, 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.

Please tick the appropriate box(s):

I am applying for the standard rate of Counselling Skills Membership (plus donation if desired)

I am applying for the reduced rate of Counselling Skills Member fee due to financial hardship or low income

I am already an Associate Member of COSCA and do not need to send any money as I understand that I am eligible for a free transfer of membership until the end of my current membership period

I am paying direct to the bank Date paid:

I am enclosing a cheque made payable to COSCA.

I require an invoice (£2.00 charge)

Membership Fee of £ plus donation £

Invoice charge (if applicable)

Invoice Address:

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 membership fees will be refunded.

11. DECLARATION

I declare that:

1. I will abide by COSCA's Statement of Ethics and Code of Practice.
2. 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.
3. I will comply with COSCA's arrangements for handling complaints and concerns. Please refer to www.cosca.org.uk
4. 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.
5. I have read and agree to COSCA's Privacy Policy.

Signature:

Please Print Name:

Date: