



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

Application for Return to Practice After a Career Break

Payment Details	Membership No.

Please note the following:

- On reinstatement as a Counsellor Member (Organisations), Counsellor Member or Practitioner Member, 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 Please refer to the entry listing form attached to this application.
- Use of COSCA Logo and Accredited Register Logo: COSCA Members are encouraged to use the COSCA Logo – www.cosca.org.uk
- COSCA Registrant members are eligible to use the COSCA Accredited Register Logo.

1. CONTACT DETAILS

Surname:

Forename(s)

Title

Address

Post code

Home telephone no.

Work telephone no.

Email:

Office Use Only

Finance	
Decision	
Database	
Register	

2. MEMBERSHIP CATEGORY PRIOR TO CAREER BREAK

If you wish to apply for a different category of membership, the relevant application form requires to be submitted.

Membership Category	Membership Number
Associate	
Counsellor (Organisations)	
Counsellor	
Practitioner	

3. PERIOD OF CAREER BREAK

Start Date of Career Break:

Return Date from Career Break:

4. 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.

5. PROFESSIONAL PRACTICE

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

- Have you had membership of any professional counselling/psychotherapy body withdrawn?

YES

NO

If your answer is **YES**, please give details.

- Do you have any criminal or civil convictions (spent or unspent) or proceedings pending against you?

YES

NO

If your answer is **YES**, please give details.

- Do you have any professional complaint or disciplinary proceeding brought against you, which was successful or is currently pending?

YES

NO

If your answer is **YES**, please give details.

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

YES

NO

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

YES

NO

6. CRITERIA FOR RETURN TO PRACTICE AFTER A CAREER BREAK

During my break from practice, I have fulfilled the following criteria for a Career Break:

- kept my connection with counselling and/or psychotherapy

Yes

No

- maintained my counselling network

Yes

No

- maintained my membership of COSCA

Yes

No

- had at least one counselling supervision session prior to starting again to work with clients

Yes

No

If you have answered 'No' to any of the above, please provide supporting information.

7. DECLARATION OF A MEDICAL CONDITION

Those applying to return to practice after a career break, are required to:

- declare a medical condition that could impact on their ability to practise effectively in the long term
- describe the declared medical condition
- state whether it is managed, and, if so, how
- evidence how its management enables them to practise effectively and ethically as an individual member of COSCA.

Those declaring a medical condition are required to complete the 'Ability to Practise Notification' form and submit it along with this application – see COSCA's Policy on the Declaration of Medical Conditions by Applicants, Members and Those Returning to Practice after a Career Break on our website. www.cosca.org.uk

8. SUBSCRIPTION

On return to practice after a career break, applicants are required to pay the standard subscription fee for their category of membership, no matter the length of the career break.

Please refer to www.cosca.org.uk – for membership subscription rates.

DIRECT PAYMENTS TO COSCA (Counselling & Psychotherapy in Scotland)

COSCA prefers you to make membership payment 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 Number: 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 enclose the standard rate for membership

I apply for a reduced rate of membership

I am paying direct via the bank

Date paid:

I enclose a cheque made payable to COSCA.

Please invoice me (£2.00 service charge)

Membership Subscription	£
Invoice charge (if applicable)	£2.00
Donation:	£
Total Amount:	£

9. DECLARATION

I declare that:

1. I will abide by COSCA's Statement of Ethics and Code of Practice and COSCA Memorandum and Articles of Association.
2. I have returned to practice, have client-work supervision and indemnity insurance cover as per my current membership category.
3. 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 will be revoked.
4. I will comply with COSCA's arrangements for handling complaints and concerns. Please see www.cosca.org.uk
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.

Signed:

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
- 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

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>	

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 specialist area 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</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

<i>Signed</i>	
<i>Please Print Name</i>	
<i>Date</i>	