



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

Notes for Applicants:

- Current Accredited (BACP) Counsellor/Psychotherapist membership of COSCA is required for this application to be used.
- Annual Renewal of this category of membership requires completion of the Annual Renewal of COSCA Accreditation form – see the COSCA website.
- 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** Please refer to the entry listing form attached to this application.
- Use of COSCA Logo and use of Accredited Register Logo: COSCA Members are encouraged to use the COSCA Logo – see the COSCA website.
- COSCA Registrants are entitled to use the Professional Standards Authority Accredited Registers Logo.

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

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

COSCA membership number:

3. MEMBERSHIP OF BACP

Please state BACP Accreditation 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

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

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 or civil 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, which 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 listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?

YES NO

8. COUNSELLING/PSYCHOTHERAPY PRACTICE

Please complete Appendix A: Counselling/Psychotherapy Statement

Criteria

A minimum practice of 90 client hours per year involving at least three clients.

If you are involved in a range of work in the counselling field such as training, supervision practice and/or management in a counselling situation, you must have had a minimum practice of 60 client hours per year involving at least two clients.

Evidence

A signed Counselling/Psychotherapy Statement for the year (see Appendix A: Counselling/Psychotherapy Statement). If you have an average of less than 90 client hours per year, please provide a brief statement that outlines the extent of your other involvements in the counselling field.

Please note that COSCA will not return evidence supplied.

9. SUPERVISION

Please complete: **Appendix A: Counselling/Psychotherapy Statement**

Appendix B: Supervisor's Report.

Criteria

- 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.

Evidence

a) A record of supervision hours in the appropriate part of the Practice Statement (see **Appendix A: Counselling/Psychotherapy Statement**). Supervision can be individual, group supervision or, 5 years post accreditation, peer group supervision where the group is no less than three people. Counselling supervision should be face to face, but in exceptional circumstances a range of technologies can be used for supervision.

b) A report from your current counselling/therapy supervisor (see **Appendix B: Supervisor's Report**).

Your supervisor/peer group should be substantially experienced or accredited counsellor/psychotherapist(s) who belongs to a professional organisation that has a Statement of Ethics and Code of Practice. They should have wide experience in supervision and not hold any line management responsibilities for your counselling/therapy, unless there are exceptional circumstances.

Please note that if you have been working with your current supervisor/peer group for less than 6 months, you will also require a supervisor's report from your previous supervisor/peer group.

Please note that COSCA will not return evidence supplied.

10. CONTINUING PROFESSIONAL DEVELOPMENT.

Please complete **Appendix C: Continuing Professional Development**.

Criteria

You must complete the equivalent of a minimum of 3 days (18 hours) of continuing professional development each year. CPD is an activity that develops your understanding and skills in your profession and impacts on your work as a counsellor. You should evidence a range of CPD activities, examples of which include: short courses on professional issue, seminars and conferences, designing and facilitating workshops, writing articles relevant to professional practice, participation in relevant professional committees, personal therapy, research relevant to counselling/therapy.

Evidence

A log of your CPD activities over the year that includes a brief explanation as to the reason you undertook the activity and a short description of the ways in which the above CPD activity has impacted on your professional development and practice (**see Appendix C: Continuing Professional Development**).

Please note that COSCA will not return evidence supplied.

11. INSURANCE

Please sign below in **Section 13: Declaration**, confirming that you have adequate and appropriate public and professional liability insurance for your counselling/therapy work. (N.B. COSCA advises that professional liability cover should not be less than £1,500,000).

12. MEMBERSHIP FEE

COSCA Accredited Counsellor/Psychotherapist Membership: £78.00
COSCA Accredited Counsellor/Psychotherapist Membership (reduced rate): £68.00

DIRECT PYAMENTS 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.

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

Membership fee of £ _____ plus donation of £ _____

Invoice charge (if applicable)

Invoice Address (if different from Section 1)

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 fee will be refunded.

13. DECLARATION

I declare that:

1. I apply for Accredited Counsellor/Psychotherapist Membership and agree to be bound by COSCA's Memorandum and Articles of Association and abide by COSCA's Statement of Ethics and Code of Practice.
2. I will comply with COSCA's arrangements for handling complaints and concerns. Please refer to www.cosca.org.uk
3. The evidence I have submitted gives an accurate portrayal of my practice, supervision and professional development in counselling.
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 will submit annually to COSCA the required Annual Renewal of COSCA Counsellor/Psychotherapist Accreditation application form.
6. 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.
7. I have appropriate and adequate public and professional liability insurance cover for all my counselling/psychotherapy work.
8. 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.
9. I have read and agree with COSCA's Privacy Policy.

Please Print Name:

Signature:

Date:



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COUNSELLING/PSYCHOTHERAPY STATEMENT

APPENDIX A

Name of Applicant:

1. Total client hours over last 12 months:

2. Number of Clients seen over past year:

3. Counselling/Psychotherapy context
(e.g. agency/private practice/EAP):

4. Number of years and year dates of practice as a counsellor/psychotherapist.

5. Supervision hours for past 12 months (**below**)

• Individual:

• Group:

• Peer Group:

6. Other involvement in Counselling/Psychotherapy Field:

7. If you have taken more than three months out of counselling/psychotherapy practice during the last 12 months please say why:

This is a true and accurate record of my counselling/psychotherapy practice and supervision hours for the past 12 months.

Signature:

Please Print Name:

Date:

APPENDIX B: Please ask your Supervisor to complete this.



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SUPERVISOR'S REPORT

APPENDIX B

Please refer to the COSCA Statement of Ethics and Code of Practice (Section 8) for information relating to Supervisors.

Applicant's Name:
SUPERVISOR CONTACT DETAILS (for peer group supervision this can be a member of the peer group)
Surname:
Forename(s):
Address:
Postcode:
Telephone:
Work Telephone:
Email:

Please tick as appropriate

Individual supervisor

Group supervisor

Peer group member

Please provide details of your counselling supervision training and/or experience in counselling supervision

Membership of Professional Counselling/Psychotherapy Body

Please state which professional body you are a member of:

Membership Category/Number

Do you consider that the applicant will abide by the COSCA Statement of Ethics and Code of Practice?

YES

NO

If NO, please explain why not:

How long have you been supervising the applicant?**How frequently and for how long do you meet with the supervisee?****Do you consider the applicant to be a competent practitioner and suitable for changing from Accredited (BACP) Counsellor/Psychotherapist Member of COSCA to COSCA Accredited Counsellor/Psychotherapist?**

YES

NO

If No, please give details.

I confirm that:

- the application was written by the applicant
- I have no line managerial responsibility for the applicant
- I have read the contents of Appendices A and C.

Signature of Supervisor:

Please Print Name:

Date:

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CONTINUING PROFESSIONAL DEVELOPMENT

APPENDIX C

Continuing professional development activity undertaken	Hours & Dates (& providers if relevant)	Brief explanation of the reason(s) for undertaking activity	Brief description of how the activity benefited your professional development and practice

This is a true and accurate record of my CPD for the past 12 months.

Signature:

Print Name:

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