

Office Use:

Finance	Membership Details

# **Application for Student Membership**

This category applies to students on counselling/psychotherapy related training courses.

Please tick category applied for:

Student Membership (1<sup>st</sup> year of training)

Student Membership

#### **Notes for Applicants:**

- Applicants for membership must be enrolled on a COSCA Validated course or enrolled on a Counselling/Psychotherapy or Counselling Skills course in Scotland.
- Following successful completion and graduation of counselling/counselling skills training you are no longer eligible for Student Membership.
- You may be eligible to apply for the category of Counselling Skills Member, Counsellor Member (Organisations) or Counsellor Member. Please see <u>www.cosca.org.uk</u>
- COSCA Members are encouraged to use the COSCA logo <u>www.cosca.org.uk</u>
- Only COSCA Registrants are entitled to use the Professional Standards Authority Accredited Register Logo. Student, Counselling Skills and Associate Members are not entitled 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 <u>christina@cosca.org.uk</u>
- If you are unable to send the application electronically, you can post it to the COSCA office please see the address above.

## 1. CONTACT DETAILS

Surname :

Forename(s):

Title:

Address:

Post Code:

Home Telephone No:

Work Telephone No:

Email:

2. COURSE DETAILS
Name of
Training Provider:
Course Title:
Level of Training e.g. Certificate, Diploma
Start Date of Training:
Year on Course (1 <sup>st</sup> , 2 <sup>nd</sup> , etc.)

## **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 <u>Privacy Notice</u> on <u>www.cosca.org.uk</u>

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 professiona	I counselling/psychotherapy body withdrawn?				
	Yes	No				
2.	Do you have any criminal or civil convictions (Scotland) Act 2019, or proceedings pending a Yes	(unspent) under the Management of Offenders against you? No				
	If your answer is <b>YES</b> , please give details.					
3.	Have you any professional complaint or discip successful or is currently pending?	linary proceeding brought against you, that was				
	Yes	No				
	If your answer is <b>YES</b> , please give details.					
4.	Have you ever been listed as barred under the Scotland?	e Protecting Vulnerable Groups Scheme/Disclosure				
	Yes	No				
	If your answer is <b>YES</b> , please give details.					
5.	Are you currently listed as barred under the Pl Scotland?	rotecting Vulnerable Groups Scheme/Disclosure				
	Yes	No				
	If your answer is <b>YES</b> , please give details.					

## 6. STUDENT REFERENCE PROFORMA

Please give the attached Student Reference Proforma to your referee who should be someone who can vouch for your involvement as a Student on a counselling/psychotherapy related course.

You should ask your referee to send this form completed, direct by post to COSCA.

Please note that this Student Reference Proforma must be completed and returned in time for the Corporate Affairs Group meeting otherwise your application may not be considered.

7. MEMBERSHIP	FEE				
Student Membe	rship (1 <sup>st</sup> year of training)	£10.00			
Student Membe	rship	£28.00			
<b>DIRECT PAYMENTS TO COSCA (Counselling &amp; Psychotherapy in Scotland)</b> 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: Sort Code: Account Number: Account Name:	Virgin Money, Murray Place, 82 68 05 70174110 COSCA (Counselling & Psyc				
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 am paying d	irect via the bank	Date paid:			
I enclose a ch	neque made payable to COSCA				
I require an in	I require an invoice (£2.00 charge)				
Invoice Address (if different from Section 1):					
Membership subscrip	ption of £	plus donation £			
Invoice charge	(if applicable)				
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.

# 8. 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 see <a href="http://www.cosca.org.uk">www.cosca.org.uk</a>
- 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 with COSCA's Privacy Policy.

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:



# **STUDENT REFERENCE PROFORMA** *To be completed by the applicant's referee*

The referee is required to note that:

- 1. Student membership is open to participants on counselling/psychotherapy related courses
- 2. on completion of this form, please send it direct to COSCA at the above email address.
- 3. the application for Student Membership is unable to be considered until COSCA has received this Student Reference Proforma.

Your assistance in this is much appreciated.

Name of applicant applying for Student Membership: Address of Applicant: Year of Study:

REFEREE IS REQUIRED TO COMPLETE THE FOLLOWING:			
Name of Referee:			
Address:			
Email Address:			
Telephone Number:			
I can confirm that the above named applicant is a student on a counselling/psychotherapy related course:			
YES NO			
Details of Course			
Name of Training Provider:			
Address of Training Provider:			

Course Title:

Please comment on the suitability of this person to be a Student Member of COSCA.

From your knowledge of this person, is there any reason(s) why he/she should not be given COSCA Student Membership?

Any additional comments you wish to make?

Signature of Referee: 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. Please print name:

Designation:

Date: