



**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
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## 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 [www.cosca.org.uk](http://www.cosca.org.uk)
- COSCA Members are encouraged to use the COSCA logo - [www.cosca.org.uk](http://www.cosca.org.uk)
- 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 [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.

## 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 [Privacy Notice](#) on [www.cosca.org.uk](http://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

2. 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.

3. Have you 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

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

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

Yes

No

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



**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 [www.cosca.org.uk](http://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 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:



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: