

**Office Use** 

Finance	Membership Details

### **Notes for Applicants**

This application is for those involved in the delivery of COSCA Validated counselling skills/specialist courses (Not Diploma level courses).

- 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 Members, Counselling Skills Members 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:	
Postcode:	
Home telephone No.	
Work Telephone No.	
Email:	
2. CURRENT COSCA MEMBERSHIP NUMBER (if applicable):	
COSCA membership number:	

# 3. COSCA JOURNAL

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

## 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 <a href="http://www.cosca.org.uk">www.cosca.org.uk</a>

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

# 5. QUALIFICATIONS AND TRAINING

### 5.1 Please give details of your qualifications and training in counselling and psychotherapy You need to have completed the COSCA Counselling Skills Certificate Course or equivalent (120 hours tutor contact hours).

Dates of Training:

Training Provider:

Course:

Qualifications Gained:

## 5.2 EVIDENCE OF SUCCESSFUL COMPLETION OF TRAINING

Please provide a copy of the evidence of your successful completion of training in counselling/psychotherapy, such as a copy of Certificate or Diploma awarded. Please note that COSCA will not return evidence supplied.

Please tick

Evidence enclosed

# 6. PLEASE GIVE DETAILS OF YOUR CURRENT TRAINING DELIVERY IN COUNSELLING SKILLS OR SPECIALIST COURSES.

Date of commencement of delivery of Training:

Name of Training Provider:

Address of Training Provider:

Title of Course:

### 7. CURRENT MEMBERSHIP OF PROFESSIONAL BODY(S) IN THE FIELD OF COUNSELLING/ PSYCHOTHERAPY

Date of Joining:

Professional Body:

Membership Category:

# 8. REFERENCE

Please provide a reference from someone who can vouch for your involvement with counselling/psychotherapy and that you are suitable to join COSCA as an Associate Member.

You should ask your referee to send this direct to COSCA.

## 9. CAREER BREAK

COSCA Membership career breaks are open to Associate, Counsellor (Organisations), Counsellor and Practitioner Members. This is a break of up to 1 year from the practice of counselling and/or psychotherapy for members who wish to:

- > keep their connection with counselling and psychotherapy during their break from practice
- > maintain their counselling network while on a break
- > benefit from the special discounted membership fee
- > re-instate their current membership with COSCA at the end of their break

Career break members are not required to have counselling supervision, continuing professional development and insurance cover.

Please note that this career break does not apply to COSCA Accredited Trainers or Counsellors for which there is a discrete career break section in the relevant Annual Renewal Forms.

The Career Break application form can be found on www.cosca.org.uk

To reinstate full COSCA membership following a career break, please use the application form Reinstatement of COSCA membership. This can be found on <u>www.cosca.org.uk</u>

10. PROFESSIONAL PRACTICE			
Information given below will not necessarily exclude you from COSCA membership.			
<ol> <li>Do you have any criminal or civil convictions (unspent) under the Management of Offenders (Scotland) Act 2019, or proceedings pending against you?</li> </ol>			
	YES	NO	
	If your answer is <b>YES,</b> pl	∍ase give details.	
2.	2. Have you had membership of any professional counselling/psychotherapy body withdrawn?		
	YES	NO	
	If your answer is <b>YES</b> to any of the above, please give details.		
3.	<ol> <li>Do you have any professional complaint or disciplinary proceeding brought against you, which was successful or is currently pending?</li> </ol>		
	YES	NO	
	lf your answer is <b>YES,</b> ple	ase give details.	
4.	<ol> <li>Have you ever been listed as barred under the Protecting Vulnerable Groups Scheme/Disclosure Scotland?</li> </ol>		
	YES	NO	
5.	Scotland?	arred under the Protecting Vulnerable Groups Scheme/Disclosure	
	YES	NO	

11. MEMBERSHIP FEE				
Associate Membership:		£38.00		
Associate Membership (reduced rate):		£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 details below:				
Name of Bank:Virgin Money, Murray Place, Stirling FK8 2BXSort Code:82 68 05Account Number:70174110Account 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 a reduced rate of membership				
I am pay	ying direct via the bank	Date paid:		
I enclose a cheque made payable to COSCA.				
l require an invoice (£2.00 invoice charge)				
Invoice Address, if different:				
Membership Subscrip	otion £	plus donation £		
Invoice Charge £2.00				
Total Amount	£			
Address for invoice if different from Section 1.				

## 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.

### 12. DECLARATION

I declare that:

- 1. I will abide by COSCA's Statement of Ethics and Code of Practice and the COSCA Memorandum and Articles of Association.
- 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. (COSCA Complaints Procedure can be found on <u>www.cosca.org.uk</u>.)
- 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.

Please 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: