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TRAINER FEEDBACK FORM FOR USE IN ALL COSCA VALIDATED COURSE

Please ✓ the appropriate box:	
COSCA Counselling Skills Certificate Co	urse
Other Counselling Skills Certificate Cours	se
Specialist Course	Diploma Course
COSCA Counselling Supervision Course	Other Counselling Supervision Course
Name of Course for which this TRAINER FEEDBACI	K FORM is being completed:
Name of Validated Organisation Providing the Train	ing:
Name and Contact Details of Trainer:	
Date of Completing:	

- ➤ COSCA, the professional body for counselling and psychotherapy in Scotland, is continually working towards excellence in its work of validating counselling skills and counselling courses.
- > To this end, we would be grateful if you answered the questions below on the course(s) you have just delivered.
- > Your comments on different aspects of the course, together with feedback from students and the validated organisation, will be used as part of COSCA's annual monitoring of its validated courses. Please circle a number to indicate the level of your agreement/disagreement with the statements below and give your answers to the questions asked. If you need more room, please continue your comments on a separate sheet.

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The aims and intended learning outcomes of the course were clearly stated in advance.

Agree Disagree 1 2 3 4 5

2. Structure and Content of the Course

The course structure and content were consistently relevant to the learning outcomes.

Agree Disagree 1 2 3 4 5

Please specify the elements of the above that were not consistently relevant.

3. Teaching and Learning

The course used learning and teaching approaches that are generally suited to its aims and learning outcomes.

Agree Disagree 1 2 3 4 5

3.1 The course made meaningful use of videotaping.

Agree Disagree 1 2 3 4 5

3.2	The course was sup	ported by well-p	prepared and re	elevant course materi	als.
Agre	9 0			Disagree	
1	2	3	4	5	
3.3	Please specify any p	arts of the cours	se that you thin	k need to be up-date	d.
3.4	What changes or im	provements cou	uld be made?		
4. Lea	rning Resources				
The	course was supporte	d by suitable:		Agree Disagree	
				1 2 3 4	5
	ICT equipmen	t including vided	cameras		
	Library resource	ces to support o	ourse		
	• Equipment (no	n-ICT)			
	Accommodation	on			

	4.1 How cou	ld the course	be better sup	ported?		
5.	Course Asses	ssment Proc	ess			
	Students were	given sufficie	ent time for re	turning written	assessments.	
	Agree 1	2	3	4	Disagree 5	
	5.1 Trainer fe	eedback to stu	udents reinfor	ced their unde	erstanding of the cours	se.
	Agree 1	2	3	4	Disagree 5	
	5.2 Please su	uggest ways i	n which you th	nink the cours	e assessment process	s can be improved.

6. Student Support (Please complete where applicable) Effective arrangements were made for: Agree Disagree 1 2 3 5 Provision and supervision of practice placements academic guidance pastoral support the needs of people with a disability giving students full and clear information Please suggest how you think student support could be improved. 7. Trainer Support In your role as trainer you received sufficient support from: COSCA (Counselling and Psychotherapy in Scotland) The course provider Co-trainers Please suggest how you think trainer support could be improved.

8.	Tracking of Students
0.	Please state the number of students on the course you have just taught who have stated an intention to: Number of Students
	work as an independent practitioner
	work as a volunteer counsellor
	work in the voluntary sector as a paid counsellor
	work in the statutory sector e.g. NHS primary care setting
	not to work as a counsellor
9.	COSCA's Annual Trainers Event
	COSCA's Annual Trainers Event is a worthwhile experience.
	Agree Disagree 1 2 3 4 5
	Please suggest ways in which this event can be improved to meet your needs.
10.	Comments on Any Other Aspect of the Course
	Please suggest any changes or improvements that you think should be made to the course.

Thank you for completing this form. Please return it to the above address or by email.