



COSCA (Counselling & Psychotherapy in Scotland)
16 Melville Terrace | Stirling | FK8 2NE
t: 01786 475 140 f: 01786 446 207
e: info@cosca.org.uk w: www.cosca.org.uk

COSCA COUNSELLING SKILLS CERTIFICATE

INITIAL VALIDATION REPORT COMPLETION OF MODULES 2 AND 3

Please indicate where additional information is included and clearly mark all additional paperwork with the relevant Section number.

Any evidence submitted with this form can be in the form of written, taped and/or videoed feedback. Please indicate what evidence you are submitting:

Please ✓ as appropriate: Written Taped Video

GENERAL INFORMATION
Name of Applicant Applying for Validation
Address
Post Code
Telephone No.
Email address
Contact Person within the Organisation
Date of Submission of this Report

Initial Validation Report for: Please ✓ appropriate Module. Module 2 Module 3	
Name of COSCA Assessor for Module 1	

Office Use

Date of Receipt:	
------------------	--

1. PERSONNEL

1.1 Please describe any changes to the personnel associated with the delivery of the course since the last Module. Please include Application Form(s) to Deliver Training and **Appendix 6: COSCA Non-Accredited Trainers – Report of Trainer’s Competencies**, for new or non Accredited Trainers. Please also include information on staff absences and how these were covered.

2. TRAINERS

2.1 Please describe arrangements for trainers’ self development and attendance at COSCA trainer events (or similar).

3. TRAINER:PARTICIPANT RATIO

3.1 Please detail the ratio of trainer:participant on this Module and, where applicable, comment on the provision for dealing with larger or unusually small groups, especially those of more than 15 participants.

4. COURSE MONITORING

4.1 Please describe how this Module has been evaluated and include the evaluation report.

5. RESOURCES

5.1 Please comment on the accommodation for the delivery of this Module.

6. COURSE STRUCTURE AND CONTENT

6.1 Please provide a statement that you have delivered this Module in keeping with the stated Aims and Learning Outcomes.

6.2 Please comment on when and how participants were given detailed information about the Aims, Learning Outcomes, Range, Methods and Activities of this Module.

6.3 Please detail any additions made to the stated Aims, Learning Outcomes, Ranges, Methods and Activities of this Module, and comment on how decisions on changes were agreed and the effect of these changes.

7. ASSESSMENT

7.1 Describe how and when the assessment framework for this Module was communicated to participants.

7.2 Please confirm that the formative and summative assessments for this Module were carried out in accordance with the Guidelines.

7.3 Please describe how the assessment process for this Module supported self-reflection and self-assessment in your participant group.

7.4 Please describe how ongoing feedback was provided to participants on this Module.

8. TIMING AND SPACING

8.1 Please evidence how the guidance on the timing and spacing of this Module was followed.

9. ATTENDANCE

9.1 Please describe the level of attendance of participants during the delivery of this Module and describe any arrangements made to make up for absences.

10. ADDITIONAL COMMENTS Please provide any additional information/comment on any specific issues or any particular aspect of the delivery of this Module.

ASSESSOR
Signature:
Name (Please print):
Position in Organisation:
Date: