



COSCA (Counselling & Psychotherapy in Scotland)
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COSCA COUNSELLING SKILLS CERTIFICATE

INITIAL VALIDATION COURSE COMPLETION REPORT

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

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

Name of COSCA Assessors involved in Modules 1 – 3

Office Use

Date of Received

EXPLANATORY NOTES

The Course Validation Panel would like an insight into the delivery of the course including areas of development based on learning from the first cohort of participants.

- The learning outcomes in the four Modules of the course are to be assessed by course trainers.
- At the end of Module 4, course trainers must ensure that the participants for whom Certificates are requested from COSCA have achieved the knowledge, skills and self-awareness contained in the learning outcomes of the entire course.
- You are required to submit the information requested below in order that the Course Validation Panel can make an informed decision that the assessment framework is in place that warrants the request for Certificates.

1. Report from the Course Trainer(s)

Please submit a report by the course trainer(s) (400 – 500 words) which provides a brief overview of the course, including any areas of good practice, learning points and improvements or changes to be made for future cohorts of participants.

2. Written Assignments

Please enclose a sample of the final assignments to cover the range of ability among participants (minimum 3 / maximum 5) and any that were unsuccessfully completed. Please note that these should not identify participants.

3. Participant Evaluation Form

Please include a sample of Participant Evaluation Forms for Module 4 (minimum 3 / maximum 5).

4. Organisation's External Assessor's Report

Please submit a report (400 – 500 words) from the External Assessor appointed by your organisation (not the COSCA appointed Assessor). This report should confirm that the participants for whom Certificates will be required from COSCA have met the learning outcomes.

To be completed by the named person within the organisation applying for Validation.

I confirm that the participants for whom we request COSCA Certificates for successful completion of the course have met the learning outcomes of the course.

Signature:

Name (Please print):

Organisation and Position within Organisation:

Date