



Full Application Form - NCS Accredited Training Course

Name of Training Provider:

Title of training course:

*Course leader/Director:

Training Provider address:

.....

..... Post Code:

Contact telephone:

Contact email address:

Website:

Years this course has been running (at least one cohort must have been fully completed for an application to be considered)

Number of students who have successfully completed the course to date.....

Location(s) at which this course is run:.....

How/Where did you hear about us?.....

(* The Course leader /Director is required to be an individual registrant of the NCS)

NCS requirement/question	Training Provider Response	NCS use only
1. Please confirm that this course offers general, mainstream counselling training (e.g. not just covering one or two modalities)		
2. Is your course approved/accredited/recognised with another professional organisation?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No	
3. Has the course you are applying for ever had accreditation, approval or recognition revoked, removed or declined?	<input type="checkbox"/> Yes - <i>please send full details along with your application</i> <input type="checkbox"/> No	
4. Does your course lead to academic validation by a University?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No	
5. If your course is not validated by another professional organisation, or does not lead to academic validation by a University, does it have formal learning outcomes and assessment criteria?		
6. Please tell us about your ethos, curriculum, management and staffing structure		

7. Tell us how long your course lasts for and whether it is full time or part time.		
8. Please confirm the total number of hours students spend in classroom tutorials		
9. Please give full details of all the other assessed study hours undertaken and methods of assessment used for these (e.g. experiential learning, skills practice, case study work, essays etc...		
10. Please confirm that students have to complete at least 100 hours of supervised clinical practice as part of this qualification.		
11. Tell us about any personal therapy requirements and/or opportunities for experiential learning about 'Self' and others required by the course.		
12. Please confirm that your organisation has the following (<i>please circle your answer</i>):	<ul style="list-style-type: none"> <li data-bbox="949 903 1760 930">○ Complaints Policy (<i>including ICR*, see 7.2 below</i>) Yes No <li data-bbox="949 970 1760 997">○ Ethical Framework Yes No <li data-bbox="949 1037 1760 1064">○ Equality and Diversity Policy Yes No 	
13. Please provide details about your training facilities (<i>incl. rooms available for practical work</i>)		
14. Is there anything else you would like to tell us about your training course that could support your application?		

The Society uses this next section of the form to examine your materials in more depth. Please confirm that your course contains the following elements. Please supply **hard copies** of supporting documents and **signpost** the documents to which you are referring, including page numbers and other appropriate references. Links to material available on your website will also be useful.

Please clearly signpost in the Evidence column where evidence can be found.

Standard	Evidence	NCS use only
1.Course Quality - How does your training programme incorporate and ensure:		
1.1 Respect for the client's autonomy, cultural differences and rights.		
1.2 Trainees' awareness of the limits of their level of competence and the vulnerability of the client.		
1.3 Trainees' awareness of the importance of personal development and the protection of students' and tutors' rights to free speech.		
1.4 Trainees' understanding of how to maintain professional boundaries		
1.5 Trainees' ability to use professional supervision		
1.6 The use of an Ethical Code of Practice or Framework and skills in ethical decision making		

<p>1.7 The use of a core theoretical model which addresses :</p> <ul style="list-style-type: none"> • Human growth and development • How psychological problems develop • An understanding of psychopathology including but not limited to: <ul style="list-style-type: none"> ○ Limitations and advantages of the medical model ○ Overview of various mental illnesses - mild, moderate to serious and chronic, including both psychotic and non-psychotic diagnoses ○ Basic elements of psychopharmacology - drugs commonly used in treatment • The process of therapeutic change • The importance of the therapeutic relationship 		
<p>1.8 An awareness of legal issues in counselling, including but not limited to:</p> <ul style="list-style-type: none"> ○ Legal limits to confidentiality ○ Safeguarding ○ Use of Code of Ethical Practice ○ Contracting ○ Working within levels of competence and managing referrals ○ Use of Supervision 		

<p>1.9 An awareness of the value of research in counselling</p>		
<p>1.10 An awareness of issues of Equality, Difference and Diversity in counselling including but not limited to:</p> <ul style="list-style-type: none"> ○ Gender/ Gender identity ○ Age ○ Ethnicity, Nationality ○ Ethnic origin ○ Culture, Class ○ Ability ○ Sexual orientation ○ Religion ○ Beliefs ○ Spirituality 		
<p>1.11 An awareness of the importance of Continuing professional Development</p>		
<p>1.12 Trainees' use of generic practical skills including:</p> <ul style="list-style-type: none"> ● Assessment ● Building and sustaining a working alliance ● Referral 		

<ul style="list-style-type: none"> • Evaluation • Multi-disciplinary working • Recognising the importance of equality, diversity and difference and understanding and managing their impact on the therapeutic relationship 		
1.13 Trainees' use of specialist skills appropriate to the core theoretical model of the course.		
2. Coherence and cohesion Please provide evidence of:		
2.1 Duration:		
2.2 Total study hours (including guided learning)		
2.3 Learning Outcomes published and available		
2.4 How integration of trainees' theoretical knowledge, personal development and practical experience is ensured		
3. Teaching, Learning and Contact hours Please provide evidence of:		
3.1 Number of teaching staff		
3.2 Qualifications of teaching staff <i>(Please enclose Teaching staff CVs)</i>		

3.3 Number of staff/student contact hours		
4. Assessment Please provide evidence of:		
4.1 Regular assessment of: <ul style="list-style-type: none"> • Development of theoretical and practical knowledge • Competent and ethical practice • Ability to manage the therapeutic process 		
4.2 Assessment Criteria published		
4.3 External Examiner monitors assessment.		
4.4 Procedures in place for student suspension and support.		
5. Supervised Practice/Placement Please provide details of:		
5.1 Trainees' experience of 100 hours + supervised clinical experience with clients		
5.2 Clinical responsibility for client work		

6. Personal growth and development How does the programme provide:		
6.1 Opportunities for experiential learning		
7. Ethics and policies Please provide:		
7.1 Code of Ethics/Ethical Frameworks		
7.2 Complaints Procedures <i>(A suitable Independent Complaints Reviewer (ICR) must be in place to support any requests made to review a complaint)</i>		
7.3 Equality/Diversity policies		
8. Philosophy of training Please provide:		
8.1 Overall statement of approach and ethos of the programme		

Full Accreditation Application Form Evidence Checklist - Please submit the following with your application:

- Course leader/Director is an individual member of the NCS or is applying to be an individual member of the NCS.**
- Copy of policy and procedures e.g. admission policies, fees, assessments, appeals and complaints**
- Examples of Promotional/marketing materials (Prospectus, flyers, website links etc.)**
- Copy of Course content and materials distributed to students**
- Copy of Reading list(s)**
- External Examiner's (EE) CV/details and most recent EE report**
- Examples of assessment methods (if applicable)**
- Copy of certificates awarded**
- Tutor CV's**
- Signed copy of the Terms and Conditions**
- Copy of current Public Liability Insurance certificate (detailing the provision of Training is covered)**
- Signed Standing Order form (or confirmation of payment if made by BACS)**
- Any other information you wish to submit to support your application**

How many students have completed the course during this academic year:

How many students will be enrolled on the next course:

Communication Preferences

I confirm that I wish to receive the following information from the Society via email and/or post:

Newsletters and updates

Membership Surveys

Society Brochures

Declaration:

We certify the information listed on this application form (and any evidence required) is, to the best of our knowledge, truthful. We have read and declared all pertinent issues.

Should our course receive approval by the National Counselling Society, we agree to abide by the constitution and rules of the National Counselling Society at the time in force and accept that membership/course recognition is at the sole discretion of the society.

Signed: _____

Dated: ____/____/____

Please **post*** the completed application form along with all required supporting documentation to:

**FAO Head of Professional Standards
The National Counselling Society
19 Grafton Road
Worthing
West Sussex
BN11 1QT**

* we recommend using a postal tracking service.