



NCS Quality Checked Course - Initial Application form

Name of Training Provider: _____

Title of training course: _____

*If course has an academic "Level" as part of the title please specify Ofqual Awarding Body: _____

Type of course (Please select):

CPD Qualification Post Qual (Specialised area) Other: _____

How long has this course been running ? _____

How/Where did you hear about the Society? _____

Contact details of course leader/administrator:

Name: _____

Address: _____

Phone: _____

Email: _____

Website: _____

Name(s) Registered Company Director(s): _____

Please answer the questions below, as well as supplying us with additional information/ examples to show us as much as possible about the course. We will decide if a site visit is necessary.

Please describe the **purpose** of the course. Who is it aimed at, and what will they achieve as a result of undertaking it? Is it specifically CPD for counsellors?

Please describe the **structure and content** of the course.

How do students/trainees learn – by lectures/discussion/experiential exercises?

How long is it in hours and days?

Is it delivered Face to Face in the room, online synchronous video conferencing or via online distance learning (by correspondence) or a mixture of these?

Please detail hours and/or percentage of each of the types of course delivery you have indicated.

Please list names of **all tutors** (copies of all Tutor cv's will be required as part of the assessment)

Please describe the **premises** where face to face training is held:

Student Numbers

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

How many students will be enrolled on the next course (if known):

Evidence Check List: Please submit the following documents via We Transfer* to support your application:

- Copy of all **Course Content** including tutor notes, powerpoint slides, reading lists, student handouts etc (these must be clearly labelled and submitted in lesson/module order)
- Copy of current **Public Liability and/or Professional Liability Insurance** Certificate (detailing the Provision of training is covered)
- Examples of **promotional/marketing materials** (eg. prospectus, flyers, website links etc.)
- Copy of **Certificate** awarded
- Tutor's CVs** (clearly showing qualifications and where/dates obtained)
- Signed copy of the Society **Terms & Conditions**
- Complaints Policy** (including an independent complaints review/ICR process)
- Student Feedback (if available)
- Confirmation **Standing Order Mandate** has been sent to your bank **OR**

If Invoice required, please provide the following information:

PO Number: (if applicable) _____

Name/Dept for invoice: _____

Email Address for invoice: _____

Communication Preferences

I confirm that I wish to receive the following information from the Society via email:

e-newsletters and updates	YES/NO	Membership Surveys	YES/NO
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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: ____/____/____

Assessment will commence following receipt of payment and **ALL** requested evidence and documentation as per the checklist above.

*If you are unable to submit your application via We Transfer please contact us for assistance – standards@nationalcounsellingsociety.org.