



NCS Training Course Accreditation

Initial Application form (Appendix A)

Name of Training Provider:

Title of training course:.....

How long has this course been running? *(At least one cohort must have been fully completed in order for an application to be considered)*.....

Course leader/administrator:

Contact Address:

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Contact phone:

Contact email:

Website:

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

The Society uses this form to check your course against our basic standards.

Please describe how your course contains the following elements. You do not need to supply and refer to supporting documents at this stage, although links to

material available on your website will be useful.

1. Does your course lead to the award of a qualification from an Ofqual recognised awarding body ?

Yes/No

If so, tell us which Awarding Body you are with, and the title of the qualification.

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2. Does your course lead to the award of an academic award validated by a University?

Yes/No

If so, tell us which University you are with, and the title of the award.

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3. Tell us about the theoretical modality/orientation of your course.

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4. Tell us about how long your course lasts, and the number of hours students spend in the classroom

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5. If your course does not lead to a qualification/award validated by Ofqual or a University, does it have formal Learning Outcomes and Assessment criteria?

Yes/No

6. Tell us about the Placement/Supervised practice requirements which students on your course have to fulfil.

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7. Tell us about any Codes of Ethics/Ethical Frameworks, Complaints Procedures and Equality/Diversity policies Which your course makes use of

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**8. Tell us about any personal therapy requirements or opportunities for experiential learning about self and others
Which your course contains.**

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