



NCS Quality Checked Course - Initial Application form

Name of Training Provider:

Title of training course:.....

How long has this course been running?.....

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

Contact details of course leader/administrator:

Name:

Address:

Phone:.....

Email:

Website:

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 for CPD for counsellors?

Please continue.....

Please describe the **structure and content** of the course. How long is it in hours and days? Is it delivered face to face, online, by correspondence or a mixture of these? How do students/trainees learn – by lectures/discussion/experiential exercises?

If the course is delivered face to face, please describe the **premises** where it is held.

Please continue.....

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

Enclosed with this application:

- Copy of Course Content
- Copy of Public Liability Insurance Certificate
- Examples of Marketing Materials to be used relating to this course
- Tutor's CV