



NCS Training Course Accreditation

Full Application form (Appendix B)

Name of Training Provider:

Title of training course:.....

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 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.		
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 severe psychopathology • The process of therapeutic change • The importance of the therapeutic relationship 		
<p>1.8 An awareness of legal issues in counselling</p>		
<p>1.9 An awareness of the value of research in counselling</p>		
<p>1.10 An awareness of issues of difference and diversity in counselling</p>		
<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 • Evaluation • Multi-disciplinary working 		
<p>1.13 Trainees' use of specialist skills appropriate to the core theoretical model of the course.</p>		
<p>2. Coherence and cohesion Please provide evidence of:</p>		
<p>2.1 Duration:</p>		
<p>2.2 Total study hours (including guided learning)</p>		
<p>2.3 Learning Outcomes published and available</p>		
<p>2.4 How integration of trainees' theoretical knowledge, personal development and practical experience is ensured</p>		
<p>3. Teaching, Learning and Contact hours Please provide evidence of:</p>		
<p>3.1 Number of teaching staff</p>		

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		
7.3 Equality/Diversity policies		

8. Philosophy of training Please provide:		
8.1 Overall statement of approach and ethos of the programme		

Enclosed with this application:

<input type="checkbox"/> Copy of Course Content/Materials	<input type="checkbox"/> Examples of Certificates given to graduates
<input type="checkbox"/> Copy of Public Liability Insurance Certificate	<input type="checkbox"/> Examples of Marketing Materials to be used relating to this course
<input type="checkbox"/> Tutor's CV(s)	<input type="checkbox"/> Signed Standing Order form (original copy posted to NCS)
<input type="checkbox"/> External Examiner's CV/Details	
<input type="checkbox"/> Reading Lists	
<input type="checkbox"/> Signed NCS T&Cs	

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