



**NCS Quality Checked ONLINE 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 purely online or is there any face-to-face element (e.g. residential/live skype or video conference tutorials etc? How do students/trainees learn – by lectures/discussion/experiential exercises?

Are courses time limited?      Yes       No

If yes, please give details:

Module/course title	Time available to complete module/course

Please give details of how coursework is marked/assessed (if applicable):

**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

### Application Pack Check List:

Enclosed with this application:

- Copy of Course Content
- Copy of Public Liability Insurance Certificate (incl 'Training')
- Examples of Marketing Materials to be used relating to this course
- Tutor's CVs
- Signed T&Cs
- Complaints Policy