



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.....

Student Numbers

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

How many students will be enrolled on the next course:

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