



Full Application Form - NCPS Accredited Training Course Recognition

Name of Training Provider: _____

Title of training course* _____

Please specify **Ofqual Awarding Body** *(If course has an academic "Level" as part of the title) _____

**Course leader/Director: _____

*(**The Course leader /Director is required to be an individual registrant of the NCPS)*

Names of all Registered Company Directors: _____

Training Provider address: _____

Post Code: _____

Contact telephone no: _____

Contact email address: _____

Training Provider Website: _____

No. of Years course has been running: *(at least one cohort must have been fully completed for an application to be considered)* _____

Number of Cohorts who have successfully completed the course to date: _____

Location(s) at which this course is run: _____

How/Where did you hear about the NCPS: _____

NCPS requirement/question	Training Provider Response
Please confirm that this course offers general, mainstream counselling training (e.g. not just covering one or two modalities)	
Is your course approved/accredited/recognised with another professional organisation and/or academic awarding body (ie: ABC, AIMS, CPCAB etc) ?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
Has the course you are applying for ever had accreditation, approval or recognition revoked, removed or declined?	<input type="checkbox"/> Yes - <i>please send full details along with your application</i> <input type="checkbox"/> No
Does your course lead to academic validation by a University?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
If your course is not validated by another professional organisation, or does not lead to academic validation by a University, does it have formal learning outcomes and assessment criteria?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
Please tell us about your ethos, curriculum, management and staffing structure	
Tell us how long your course lasts for and whether it is full time or part time.	
Please confirm the total number of hours students spend in classroom tutorials with a tutor <i>**Should a blended approach to learning be offered please evidence that a minimum of 70% of the training course will be delivered face-to-face/ in-the-room and detail how any non 'in-the-room' teaching hours will be delivered.</i>	
Please give full details of all the other assessed study hours undertaken and methods of assessment used for these (e.g.	

<p>experiential learning, skills practice, case study work, essays etc...</p>	
<p>Please confirm that students have to complete at least 100 hours of supervised clinical practice in an agency as part of this qualification.</p> <p><i>Should a blended approach to learning be offered, it is required that at least 51% of the minimum number of supervised placement hours are carried out face-to-face/in-the-room. If a training provider approves a student to be competent to carry out some of their supervised client hours online this will need to be synchronous and with relevant support from the placement provider and supervised by an experienced supervisor. Please evidence how this will be administered.</i></p>	
<p>Should the course delivery be affected by any Government restrictions please provide details of how you will manage the transitions between “In The Room” and “Online working”.</p>	
<p>Tell us about any personal therapy requirements and/or opportunities for experiential learning about ‘Self’ and others required by the course.</p>	
<p>Please confirm that your organisation has the following (<i>please circle your answer</i>):</p> <p><i>*ICR = Independent Complaints Reviewer</i></p>	<ul style="list-style-type: none"> ○ Complaints Policy (<i>including ICR*</i>) Yes No ○ Ethical Framework Yes No ○ Equality and Diversity Policy Yes No
<p>Please provide details about your training facilities (<i>incl. rooms available for practical work, online platforms if applicable etc</i>)</p>	
<p>Is there anything else you would like to tell us about your training course that could support your application?</p>	

The Society uses this next section of the form to examine your materials in more depth. Please confirm that your course contains the following elements. Please supply **electronic 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 (eg Module number, page number, slide number etc..)
Course Quality - How does your training programme incorporate and ensure:	
Respect for the client's autonomy, cultural differences and rights.	
Trainees' awareness of the limits of their level of competence and the vulnerability of the client.	
Trainees' awareness of the importance of personal development and the protection of students' and tutors' rights to free speech.	
Trainees' understanding of how to maintain professional boundaries	
Trainees' ability to use professional supervision	
The use of an Ethical Code of Practice or Framework and skills in ethical decision making	
<p>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 psychopathology including but not limited to: <ul style="list-style-type: none"> ○ Limitations and advantages of the medical model ○ Overview of various mental illnesses - mild, moderate to serious and chronic, including both psychotic and non-psychotic diagnoses ○ Basic elements of psychopharmacology - drugs commonly used in treatment • The process of therapeutic change • The importance of the therapeutic relationship 	

<p>An awareness of legal issues in counselling, including but not limited to:</p> <ul style="list-style-type: none"> ○ Legal limits to confidentiality ○ Safeguarding ○ Use of Code of Ethical Practice ○ Contracting ○ Working within levels of competence and managing referrals ○ Use of Supervision 	
<p>An awareness of the value of research in counselling</p>	
<p>An awareness of issues of Equality, Difference and Diversity in counselling including but not limited to:</p> <ul style="list-style-type: none"> ○ Gender/ Gender identity ○ Age ○ Ethnicity, Nationality ○ Ethnic origin ○ Culture, Class ○ Ability ○ Sexual orientation ○ Religion ○ Beliefs ○ Spirituality 	
<p>An awareness of the importance of Continuing professional Development</p>	
<p>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 ● Recognising the importance of Equality, Diversity and Difference and understanding and managing their impact on the therapeutic relationship 	
<p>Trainees' use of specialist skills appropriate to the core theoretical model of the course.</p>	
<p>Coherence and cohesion Please provide evidence of:</p>	

Duration <ul style="list-style-type: none"> • Total study hours – TQT • Total Guided learning/Tutor led hours - GLH/TLH 	
Learning Outcomes that are published and available	
How integration of trainees’ theoretical knowledge, personal development and practical experience is ensured	
Teaching, Learning and Contact hours	
Please provide evidence of:	
List names of all teaching staff including their role(s) – (Please note <i>up to date CVs are required</i>)	
Number of tutor/student contact hours	
Assessment	
Please provide evidence of:	
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 	
Assessment Criteria published	
External Examiner (EE) monitors assessment. (<i>Latest EE report is required for assessment</i>)	
Procedures in place for student suspension and support.	
Supervised Practice/Placement	
Please provide details of:	
Trainees’ experience of 100 hours + supervised clinical experience with clients in an agency setting	
Clinical responsibility for client work	
Personal growth and development	
How does the programme provide:	
Opportunities for experiential learning	
Ethics and policies	
Please provide copies of:	
Code of Ethics/Ethical Frameworks	

Complaints Procedures <i>(A suitable Independent Complaints Reviewer (ICR) must be in place to support any requests made to review a complaint)</i>	
Equality/Diversity policies	
Philosophy of training Please provide:	
Overall statement of approach and ethos of the programme	

Evidence Checklist - Please submit the following documents via **We Transfer*** to support your application:

- Course leader/Director is an or applying to be an individual member of the NCPS. NCPS Membership No:**

- Copy of policies and procedures** *(eg. admission policies, fees, assessments, appeals and complaints)*
- Examples of promotional/marketing materials** *(eg. prospectus, flyers, website links etc.)*
- Copy of full course content and materials distributed to students –** *(these must be clearly labelled and submitted in lesson/module order)*
- Copy of Reading list/s**
- External Examiner’s (EE) CV/details and most recent EE report**
- All Tutor and Internal Verifiers up to date CVs** *(clearly showing qualifications and dates obtained)*
- Examples of assessment methods** *(if applicable)*
- Copy of certificates awarded**
- Signed copy of the Society Terms and Conditions**
- Copy of current Public Liability and/or Professional Indemnity Insurance certificate** *(detailing the provision of training is covered)*
- Signed Direct Debit Mandate**

Communication Preferences

I confirm that I wish to receive the following information from the Society via email:

- e-newsletters and updates Membership Surveys

Declaration:

We certify the information listed on this application form (and any evidence required) is, to the best of our knowledge, truthful. We have read and declared all pertinent issues.

Should our course receive approval by the National Counselling Society, we agree to abide by the constitution and rules of the National Counselling Society at the time in force and accept that membership/course recognition is at the sole discretion of the Society.

Signed: _____

Dated: ____/____/____

Assessment will commence following receipt of payment and ALL requested evidence and documentation as per the checklist above.

*If you are unable to submit your application via We Transfer please contact us for assistance – standards@ncps.com