



Full Application Form - NCPS Advanced Professional 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 NCS)*

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
Is your course approved/accredited/recognised with another professional organisation and/or academic awarding body (ie: ABC, AIMS, CPCAB etc) and/or University validation?	<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 summative assessment criteria?	<input type="checkbox"/> Yes - <i>please provide further details:</i> <input type="checkbox"/> No
Confirm an External Examiner (EE) monitors assessment. (<i>Latest EE report is required for assessment</i>)	
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
Please tell us about your ethos, curriculum, management and staffing structure	
List names of all teaching staff including their role(s) – (<i>Please note up to date CVs are required</i>)	
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 (GLH) <i>**Should a blended approach to learning be offered please confirm GLH hours that will be delivered:</i> <i>(a) face-to-face/ in-the-room</i> <i>and</i> <i>(b) synchronously online</i>	
Please give full details of all the other assessed study hours undertaken and methods of assessment used for these (e.g. experiential learning, skills practice, case study work, essays etc...)	

<p>Please confirm if students will be required to complete any supervised clinical practice hours as part of this training.</p>	
<p>Please confirm that your organisation has the following (<i>please circle your answer and provide copies of such with your application</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 ○ Code of Conduct Yes No ○ Equality, Diversity, and Inclusion (EDI) Policy Yes No ○ Student Support/Suspension 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>	

Please continue.....

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.

Competence	Evidence (eg Module number/Guidance document, page number, slide number, handout, etc..)
Professional framework	
1.13.Bi Ability to take an active role as a member of a professional community and participate effectively in inter-professional and multi-agency approaches to mental health where appropriate	
1.13.Bii Ability to work in multi-disciplinary teams with other professionals to enhance therapeutic outcomes	
Assessment	
2.1.B Ability to use an initial and ongoing clinical assessment strategy that is informed by a consistent, coherent and in-depth theoretical approach	
2.5.B Ability to conceptualise, evaluate and take account of a range of mental health problems, symptoms of psychological distress, functioning and coping styles (with due understanding of cultural norms), during assessment and throughout therapy	
2.8.B Ability to devise and use a comprehensive risk assessment strategy	
2.11.B Ability to identify and respond to the impact of the technologically mediated environment on issues of identity and presence, including fantasies and assumptions about the therapist and client or patient	
Therapeutic relationship	
3.10.B Ability to work with issues of power and authority experienced in the 'unconscious' or 'out of awareness' processes of the client or patient as part of the therapeutic process	
3.13.Bi Ability to critically reflect on the client's or patient's process to enhance the client's or patient's self-awareness and understanding of themselves in relationship	
3.13.Bii Ability to be aware of, and respond to, emotional shifts occurring in each session, with the aim of maintaining a level of	

	emotional engagement appropriate for each circumstance	
3.16.B	Ability to actively use own responses to the client or patient in a way that is therapeutic and consistent with the theoretical model or approach	
3.21.B	Ability to make use of ruptures or impasses in the therapy as opportunities for expanding the understanding of the client's or patient's subjective experience of their difficulties	
3.23.B	Ability to analyse and address difficulties in the immediacy of the therapeutic encounter to find ways to overcome such difficulties	
3.24.B	Ability to consider and manage complex issues arising when ending therapy in the light of the client's or patient's previous experience of endings	
Knowledge and skills		
4.2.B	Ability to critically appraise a range of theories underpinning the practice of counselling and psychotherapy	
4.3.B	Ability to work with suicidal risk and the often complex nature of suicidal ideation and (or) other self-harming behaviours and associated 'unconscious', or 'out of awareness' processes and perceptions	
4.4.B	Ability to use the therapeutic relationship to work with the client's or patient's 'unconscious' or 'out of awareness' perceptions, experiences and distortions of the therapist and the therapeutic relationship to enhance therapeutic change	
4.7.B	Ability to demonstrate the capacity, knowledge and understanding of how to select and adapt interventions and (or) approaches to respond to the needs of the client or patient	
4.9.B	Ability to reflect upon the complex and sometimes contradictory information gained from clients or patients and to coherently describe their present difficulties and the potential origins using a clear theoretical model or approach	
4.11.B	Ability to recognise and explore with the client or patient the assumptions that underpin understanding of identity, culture, values and worldview	

4.15.B	Ability to utilise audit and evaluation tools to monitor and maintain standards within practice settings	
4.16.B	Ability to draw upon and evaluate published research on counselling and psychotherapy, and integrate relevant research findings to enhance practice	
Self-awareness		
5.1.Bi	Ability to be emotionally prepared for intense and complex work, which requires sustained reflexivity	
5.1.Bii	Ability to work with 'unconscious' and 'out of awareness' processes	
5.4.B	Ability to critically challenge own identity, culture, values and worldview	
5.6.B	Ability to review and evaluate supervision arrangements and take responsibility for adapting supervision to the evolving and changing requirements of ongoing practice	

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

<input type="checkbox"/> Course leader/Director is an or applying to be an individual member of the NCPS. NCPS Membership No: _____
<input type="checkbox"/> Copy of policies and procedures (<i>eg. admission policies, fees, assessments, appeals and complaints etc...</i>)
<input type="checkbox"/> Examples of promotional/marketing materials (<i>eg. prospectus, flyers, website links etc.</i>)
<input type="checkbox"/> Copy of full course content and materials distributed to students – (<i>these must be clearly labelled and submitted in lesson/module order</i>)
<input type="checkbox"/> Copy of Reading list/s
<input type="checkbox"/> External Examiner's (EE) CV/details and most recent EE report
<input type="checkbox"/> All Tutor and Internal Verifiers up to date CVs (<i>clearly showing qualifications and dates obtained</i>)
<input type="checkbox"/> Examples of assessment methods (if applicable)
<input type="checkbox"/> Copy of certificates awarded
<input type="checkbox"/> Signed copy of the Society Terms and Conditions
<input type="checkbox"/> Copy of current Public Liability and/or Professional Indemnity Insurance certificate (<i>detailing the provision of training is covered</i>)
<input type="checkbox"/> Signed Direct Debit Mandate

Please continue....

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 and Psychotherapy Society (NCPS), we agree to abide by the constitution and rules of the National Counselling and Psychotherapy Society (NCPS) 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.