

NCS Overseas Quality Checked Course - Initial Application form

Name of Training Provider:					
Title of training cou	ırse*				
*If course has an academic "Level" as part of the title please specify Ofqual Awarding Body					
How long has this course been running?					
Type of course (Ple	ease select):				
CPD Qu	ualification	Post Qual (Specialised area)	Other:		
How did you hear a	about us?				
Contact details of course leader/administrator:					
Name:					
Address:					
Phone:					
Email:					
Website:					
Name(s) Registered	d Company Director((s):			
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.					
	purpose of the cour specifically CPD for	rse. Who is it aimed at, and what will t counsellors?	they achieve as a result of		

Please describe the structure and content	of the course.
How do students/trainees learn – by lectu	ures/discussion/experiential exercises?
2. How long is it in hours and days?	
Is it delivered Face to Face in the room, learning (by correspondence) or a mixture	online synchronous video conferencing or via online distance re of these?
4. Please detail hours and/or percentage of	f each of the types of course delivery you have indicated.
Are courses time limited? Yes If yes, please give details:	No
Module/course title	Time available to complete module/course
Please give details of how coursework is n	narked/assessed (if applicable):



Payment Details – Please provide contact name and email address for where you would like our				
invoice to be sent to:				
Name/Dept:				
Email Address:				
Student Numbers				
How many students have completed the course during this academic year:				
How many students will be enrolled on the next course (if known):				
Communication Preferences				
I confirm that I wish to receive the following information from the Society via email:				
Newsletters and updates				
Membership Surveys				
Society e-Brochures				
Application Pack Check List:				
Enclosed with this application:				
Copy of Course Content (including tutor notes, powerpoint slides, student handouts etc)				
Copy of Public Liability Insurance Certificate (incl 'Training')				
Examples of Marketing Materials/Certificates awarded etc for course				
Tutor's CVs				
Signed NCS Quality Checked Terms & Conditions				
Complaints Policy (including an independent complaints review/ICR process)				
Student Feedback (if available)				

Confirmation of details for Invoice