**Scotland's Professional Body for Counselling & Psychotherapy**

# ANNUAL MONITORING FORM
# FOR ALL COSCA VALIDATED COURSES

## ANNUAL MONITORING PROCESS

The information below is offered to help you to complete the Annual Monitoring Form (AMF).

It is a requirement of continued Validation that during the period of Full Validation, training providers complete the Annual Monitoring Form (AMF) and return it to COSCA by the 31st October each year. This proforma provides COSCA with a means to ensure that the standards achieved at the point of Full Validation are maintained during its entire period. It also gives training providers a valuable opportunity to monitor their own activities and outcomes and update COSCA on any changes to their courses.

The amount of the information supplied can be variable but it is essential that all parts of the proforma are complete for continued validation on an annual basis. The proforma will also be used by COSCA as an important basis of awarding revalidation on a 5 yearly basis.

COSCA will acknowledge receipt of the AMF once it has been received. The Development Officer will review the information provided on the form and if all is in order, the form will be processed and filed.

If, however, clarification of the information provided is required, or any part of it is missing, the Development Officer will contact the training provider to address this.

If the Development Officer considers that there are significant outstanding concerns about the content of the report following the above clarification, the AMF will be taken to the next Course Validation Panel meeting for discussion. If necessary, the training provider will be advised in writing of any additional information and/or clarification that is required, to be submitted within a set deadline. Once this has been received and approved, written confirmation will be sent out. If, however, satisfactory information is not received, the validation status of the course will be altered to Conditional Validation or withdrawn.

The Chief Executive of COSCA will inform applicants in writing of the outcome of the Panel's decision.

**Scotland's Professional Body for Counselling & Psychotherapy**

**COSCA**
Counselling & Psychotherapy in Scotland

**COSCA (Counselling & Psychotherapy in Scotland)**
**16 Melville Terrace | Stirling | FK8 2NE**
**t: 01786 475 140   f: 01786 446 207**
**e: info@cosca.org.uk   w: www.cosca.org.uk**

| *Office use only:* Date Received: | |
|---|---|
| Date to CVP: | |
| Membership Checked: | |

# ANNUAL MONITORING FORM
# FOR ALL COSCA VALIDATED COURSES

*Please complete this Section and Sections 1 – 8.*

Please ✔ the appropriate box:                                    **Number of cohorts**

      **COSCA Counselling Skills Certificate Course**

      **Other Counselling Skills Certificate Course**

      **Diploma Course**

      **Specialist Course**

      **COSCA Counselling Supervision Course**

      **Other Counselling Supervision Course**

      **Further Steps in Counselling Skills Course –Vol 1**

      **Group Counselling Skills Course**

**Name of Course for which this ANNUAL MONITORING FORM is being completed:**



**Period of Monitoring Covered by this Form** *(Covering previous year of COSCA membership)*

From:

To:

Name of Organisation:

| | |
|---|---|
| Name of Contact Person: | |
| Address: | |
| Postcode: | |
| Telephone: | |
| Fax No: | |
| Email: | |
| Website: | |

**1. Please provide the total number of participants (both successful and unsuccessful) completing the course during this period of Annual Monitoring.** *(Please tick box where appropriate.)*

### *COSCA Counselling Skills Certificate Course:*

**Module 1** *No. of Participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

**Module 2** *No. of Participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

**Module 3** *No. of Participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

**Module 4** *No. of Participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

### *Other Counselling Skills Certificate Course:*

*No. of Participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

### *COSCA Diploma Course:*

*No of participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

### *COSCA Specialist Course:*

*No of participants Started course:* [ ]  Successful [ ]  Unsuccessful [ ]

| *COSCA Counselling Supervision Course:* | | | | |
|---|---|---|---|---|
| *No. of Participants Started course:* | | Successful | | Unsuccessful |

| *Other Counselling Supervision Course:* | | | | |
|---|---|---|---|---|
| *No. of Participants Started course:* | | Successful | | Unsuccessful |

| *Further Steps in Counselling Skills Course – Vol 1* | | | | |
|---|---|---|---|---|
| *No. of Participants Started course:* | | Successful | | Unsuccessful |

| *Group Counselling Skills Course* | | | | |
|---|---|---|---|---|
| *No. of Participants Started course:* | | Successful | | Unsuccessful |

**2. You are required to submit Participant Registration forms for al COSCA Validated Course participants.**

**Have all participants previously been registered with COSCA according to the COSCA Validation and Revalidation Guidelines and Procedures?**

**If not, please give the reasons for this and submit the required forms as soon as possible – www.cosca.org.uk – Validation – General – COSCA Registration of Participants Form.**

**Please also indicate when these registration forms will be submitted to COSCA.**

### YES                          NO

| 3. | Please describe the nature and impact of any changes to the constitution/memorandum and articles/structure of the organisation/agency since COSCA validation was previously awarded or the completion of the previous Annual Monitoring Form, whichever is the most recent. |
|---|---|
| | |

| 4. | Please give details of any changes to the academic validation you may have for the above course. |
|---|---|
| | |

**5. Evaluation Report**

**Please enclose either your own or your external assessor's most recent evaluation report of this course.**

**Report enclosed**           *(please tick to confirm)*

**Within the report please describe:**

- **Name and address of the organisation's current external assessor.**

- **any changes to the organisation's evaluation procedures for monitoring the above course**

- **details of any development of the course that has occurred through the organisation's evaluation process since the award of COSCA validation or the completion of the previous Annual Monitoring Form, whichever is most recent.**

**COSCA recommends that you have a system in place whereby you create a written review/evaluation of the course on an annual basis. The evaluation report can be from either you, the training provider, such as minutes of a recent meeting with the trainers and any other appropriate members of the staff team in the last accounting period. The report can also be from your external assessor and take the form of written feedback regarding the standard of training practice and participants' outcomes, difficulties or challenges, successes etc. and anything of note – please see [www.cosca.org](www.cosca.org) – Validation – General – Guide for External Assessor Report to COSCA (Validated Courses).**

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**6. COURSE CHANGES OR DEVELOPMENTS**

PLEASE COMMENT ON THE FOLLOWING

**6.1 Course Aims and Objectives**

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| **6.2   Course Structure** |
| --- |
|  |

| **6.3   Course Delivery** |
| --- |
|  |

**6.4   Selection of Participants**

**6.5   Course Content**
**You must include comment on any changes to:**

**6.5.1 Skills and Counselling Practice**

**6.5.2 Theory**

**6.5.3 Core Orientation (if appropriate)**

6.5.2 Theory

**6.5.4 Self Awareness and Personal Development**

**6.5.5 Professional Responsibilities**

**6.5.6 Supervised Practice (if appropriate)**

**6.6 Please give details to any changes to Organisation, Monitoring and Supervision of practical placements (if appropriate).**

## 6.7  TRAINERS

### 6.7.1A COSCA Accredited Trainers

Please complete the form below giving the required information in relation to COSCA Accredited Trainers involved in the training of your COSCA Validated courses.

| Name | COSCA *Accredited Trainer Please* √ | Counsellor Membership Category | Email Address |
|------|------|------|------|
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**6.7.1B   Non COSCA Accredited Trainers**

**The COSCA Validation Guidelines require you to submit to COSCA:**

**1.   Non COSCA Accredited Trainers Observation Report of Trainer Competence for each non accredited trainer within 6 months of being involved in the delivery of training on COSCA Validated course – Appendix 6.**

**2.   Non COSCA Accredited Trainers: Application to Deliver Training on a COSCA Validated course – www.cosca.org.uk – Validation – General.**
**This completed form requires to be submitted to COSCA prior to the trainer becoming involved in the delivery of the training.**

**If you have not submitted these forms, please advise COSCA immediately and complete and submit the relevant forms as soon as possible.   Please indicate when the forms will be completed and submitted to COSCA.**

**3.   Evidence that you are satisfied with the level of competence of non-accredited trainers in the second and subsequent years of their delivery of the course.  Examples of how to evidence this include the following:**

- ✓ **Updated Non Accredited Trainer Observation Report of Trainer Competence**
- ✓ **Student feedback on the trainer**
- ✓ **Annual appraisal of the trainer**
- ✓ **Performance and competence review**

| Name | Observation Report already submitted | Application to Deliver Training form already submitted | Email address |
|---|---|---|---|
|  |  |  | 💬 |
|  |  |  |  |
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|  |  |  |  |
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| |
|---|
| Reason for non-submission of Observation Report:<br><br><br>Date when these will be submitted to COSCA. |
| Reason for non submission of Application to Deliver Report:  💬<br><br><br>Date when these will be submitted to COSCA. |

**6.7.2  You are required to provide the ratio of trainers:participants that has been maintained on the course.**

**6.7.3  You are required to provide information on the facilities provided for the support and supervision of trainers.**

**6.7.4   Please include any changes to the suitability of your trainers  e.g. complaints, disciplinary action taken, etc.**

**6.8      Please provide information on changes to the assessment procedures.**

| 6.9 | **Please provide information on any changes to the existing course validation, e.g. delivery, setting, content or personnel.** |
|------|------|
|      |      |

| 7 | Participant's Course Evaluation: |
|---|---|

You must confirm that you have passed Course Evaluation Forms to participants on your course. (Please refer to Validation and Revalidation Guidelines and Procedures)

## YES                                     NO

| 8  DECLARATION |
|---|

I declare that:

- to the best of my knowledge and belief the information provided in this form is an accurate reflection of the training provided by this organisation/agency

- I accept responsibility for this organisation/agency abiding by the current and any future updated Guidelines and Procedures for the Validation and Revalidation of the specified Course

- I understand that a failure to disclose relevant information, any changes to and development of the course during the process or the period of validation may lead to validation being withdrawn.

- I understand that if our Organisational Membership of COSCA lapses, or is terminated for any reason, COSCA Validation will cease in respect of this application

- I will comply with COSCA's arrangements for handling complaints and concerns. (If you wish a copy of COSCA Complaints Procedure, please contact the COSCA office.)

- I will submit this Annual Monitoring Form by 31 October annually.

| Contact Person (please print): | |
|---|---|
| Contact Person (please sign): | *Roni McDonald* |
| Designation: | |
| Organisation/Agency: | |
| Date: | |

# COSCA NON-ACCREDITED TRAINERS
# REPORT OF TRAINER COMPETENCE

> ➤ **This form must be completed for all non COSCA Accredited Trainers during the period covered by this Annual Monitoring Form and within 6 months of their involvement in the delivery of training**
> ➤ **All non COSCA Accredited Trainers must be observed for the purposes of completing this Form**
> ➤ **You must comment on the trainers performance and qualities and the extent to which they meet each competency**

| TRAINER DETAILS |
|---|
| Trainer's Name: |
| Trainer's Address: |
| Post Code: |
| Telephone Number: |
| Email: |

| PROVIDERS DETAILS |
|---|
| Providers Name: |
| Providers Address: |
| Postcode: |
| Contact Person: |
| Designation: |
| Telephone Number: |
| Email: |

## Report of Trainer(s)

A report about the ability and competence of all non-accredited trainers who are, or who have been, involved in the delivery of COSCA validated training is required on an annual basis to meet COSCA Validation criteria.

You are invited to provide a commentary of:

♦ Personal style and abilities of trainer
♦ Skill mix and level of competence
♦ Areas of strength
♦ Developmental points

A template is provided for the report if required, but it does not have to be used.

You may find it helpful to refer to the list of necessary skills and competencies below. The person completing the report must be familiar with the work of the trainer. Where appropriate, more than one person can contribute to the information, including the trainer.

Please note that in order to comply with COSCA validation and revalidation criteria and requirements, all non-accredited trainers who have been involved in the delivery of the course for *more than 2 years prior to the revalidation deadline* must be COSCA accredited at the time of applying for revalidation.

**Trainer Skills and Competencies:**

♦ **Ensures that participants feel safe and supported**
♦ **Models the counselling approach in interactions with students**
♦ **Presents and explains the aims and outcomes of the activity/exercise**
♦ **Presents information clearly and accurately**
♦ **Uses a variety of training methods to enhance the learning opportunities, when using visual aids makes them legible and accurate**
♦ **Sequences and paces information to suit the group and individual learners**
♦ **Uses language appropriate to the level of understanding within the group**
♦ **Provides additional and summary information, on request**
♦ **Adjusts presentations in response to learners needs**
♦ **Deals sensitively and appropriately with distractions and interruptions**
♦ **Uses appropriate questioning and information seeking techniques**
♦ **Creates a climate where learners can comfortably ask questions and make comments**
♦ **Supports learners in learning new skills**
♦ **Appropriately challenges excluding or discriminatory behaviour or language**
♦ **Gives appropriate feedback in a positive and helpful manner**
♦ **Facilitates participants in self assessment**
♦ **Welcomes and uses feedback about self from participants and others I involved in training delivery**

| NAME OF TRAINER: | | DATE OF REPORT: |
|---|---|---|
| **Personal style & Abilities** | | |
| **Skill mix and level of competence** | | |

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| | |
|---|---|
| **Areas of strengths** | |
| **Developmental points/areas** | |

| |
|---|
| **Name of person completing the form (please print clearly):** |
| **Signature:** |
| **Designation:** |
| **Date:** |