

COSRT Accreditation Application Pack 2019 for applicants who have completed a COSRT Accredited Course – Category 1

Introduction

Welcome to your Accreditation pack. Inside you will find a lot of useful information to help you complete the application process.

Accredited Membership is the next step in professional development for General Members who have completed an accredited course of training. COSRT accreditation is awarded to psychosexual therapists who have met strict criteria in respect of training, experience, knowledge, ethical standards, clinical skills and commitment to continuous professional development. COSRT Accreditation demonstrates to clients and employers that you have achieved high standards of knowledge development in the field of sex and relationship therapy.

Alongside your application please consult the following documents which can be found on the COSRT website:

- The Code of Ethics for General and Accredited Members
- Practice Guideline 1 Supervision and the Supervision Contract
- Practice Guideline 2 The Client and Therapist Agreement for Therapy

Applicants who have completed a four-year training may be eligible for UKCP Registration. The application form and other documents pertaining to clinical practice can be found on the documents page of the website www.cosrt.org.uk

We look forward to receiving your application and welcoming you into Accredited Membership.

Anne Chilton, Membership and Accreditation Representative to the Professional Standards Board

Jo Coker, Professional Standards Manager COSRT, Chair Professional Standards Board

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Notes on Application for Accreditation

Please read all sections carefully.

Please:

1. Please type your application. You can do this directly onto your computer.
2. Send ORIGINAL and THREE photocopies (four sets in total) of the following:
 - a) Application Form - typed
 - b) Curriculum Vitae - typed
 - c) Log Book
3. Send FOUR photocopies of the documents supporting your application, eg evidence of professional qualifications, examinations passed, courses attended.
4. Send FOUR photocopies of your up-to-date COSRT subscription receipt.
5. Send FOUR photocopies of your up-to-date insurance indemnity certificate or equivalent. For NHS employees, send proof to confirm that NHS work is covered - this may be in the form of a letter from your line manager. If working in both the private sector and NHS, provide evidence of cover for both areas of work.
6. Read criteria carefully and ensure you are able to demonstrate you fulfil each criterion when completing your application form.
7. Please collate your documents into FOUR complete application packs before sending. **Please do not put in folders, bind or staple the packs.**
8. The fee of £190.00

NB Illegible or incomplete applications will be returned.

Time Scale of the Accreditation Process

- Upon receiving your application it will be allocated to two Assessors who will consider if you have met the required criteria.
- If there are any issues that need clarifying, you may be asked for additional information.
- The Accreditation process takes six weeks on average, but can be longer if the Assessors require further information.
- If your application is successful, you will receive notification of the outcome of your application and your certificate.
- Your accreditation will be from the date on your certificate for that year. You will therefore pay a proportion of the annual fee for the year in which you are accredited. In the January following accreditation you will need to pay the annual renewal fee.
- If a person is not granted accreditation they will be informed and given the reason why. They may not re-apply until 12 months from the date of notification.

Appeal Procedure

If you are not awarded Accredited Membership you may appeal on the grounds of incorrect procedure (See page 13)

Renewal of Accreditation

Accredited Membership is renewed annually. This will be recorded on your certificate. You will be sent a renewal form in November of each year along with the request for your subscription to COSRT.

Criteria for Accreditation - Category One

(for general members who have completed a COSRT accredited course)

The applicant must:

1. Be a paid up General Member of COSRT for a minimum of 12 months preceding application.
2. Provide evidence of successful completion of COSRT accredited course.
3. Have undertaken for a minimum of 50 hours experiential work (excluding supervision, case discussion and CPD) and/or personal therapy which facilitates awareness of self in relation to others within the context of client therapy.

This requirement should include a minimum of 20 hours one-to-one personal therapy.

The following would be acceptable as additional hours:

- Any personal therapy undertaken within the last 10 years
- Any couple therapy undertaken in the last 10 years
- All personal and professional development group hours attended during training.
- Any awareness group hours during training.
- Any therapeutic group work undertaken outside the training.

Trainees, who were required to include one-to-one personal therapy within their accreditation process for other professional bodies, may include this within the 50 providing it is within the 10-year period.

4. Have completed 450 hours of clinical practice at a ratio of 1:6 if this is your primary training. If you are accredited with BACP, COSCA, UKCP, HCPC or equivalent AND you can evidence that Accreditation through the APEL process then, you may complete 320 clinical hours (rather than 450) supervised at a ratio of 1:6. See COSRT Practice Guideline 1 on Supervision for further information.
 - The period following completion of the COSRT accredited course is regarded as an important phase in continuing professional development and is termed the pre-accreditation period. You must be fully qualified to start accruing the pre-accreditation hours and these must be supervised at a ratio of 1:6.
 - **You cannot apply for accreditation until you have been qualified for at least one year.**
 - Applicants who are seeking accreditation more than two years after completing the accredited course must confirm, and provide evidence if possible, that the initial post-training hours practice were supervised at the required rate of one hour of supervision to six hours of therapy.
5. Have completed 20 cases during training on the accredited course and the pre-accreditation period. At least ten of these cases should be couples. Completion does not imply successful outcome. The case may be deemed complete after appropriate referral or termination of therapy by client or therapist without achieving a successful outcome. A wide spread of experience encompassing a wide spread of sexual difficulties will be expected.
6. Have completed at least 100 hours of face-to-face assessment and treatment of clients in the year prior to application.
7. Have not had any breaks in practice in the 12 months prior to applying for accreditation.
8. Have completed a log book in the form provided to document all relevant sexual and relationship clinical work carried out over the six months preceding application for accreditation. A signature will be required from your current supervisor(s) to verify they have supervised the current work.
10. Provide a copy of their written client agreement.
11. Provide the name and address of past supervisor(s), if relevant, who will be contacted to give a report.
12. Provide the name and address of current supervisor(s) who will be contacted to give a report of current work. It is important that any named current supervisor has worked with you for the full six months, covered by your log book.
13. Provide the name and address of a further professional colleague if the current supervisor and post basic training is the same person. This colleague should have known the applicants professional work for a minimum of one year and can confirm

his/her work in the field of sexual and relationship therapy to the standard required for accreditation.

14. Confirm you have studied the COSRT Code of Ethics and Practice for General and Accredited Members with your supervisor(s).
15. Provide a Curriculum Vitae (CV) detailing your background and career to date. This should include evidence of a commitment to continuing professional development, e.g. courses, conferences, research and publications.
16. Provide proof that you are insured to the required minimum level of £2,000,000 (two million) for the work you undertake. Please note this applies to UK and Ireland residents only. COSRT accepts no liability for your insurance.
17. Have not been convicted of any sexual offences.
18. Have not been debarred from another therapy organisation and have no complaints in progress.
19. Agree to participate in the annual audit of CPD.
20. Agree to undertake a minimum of 30 hours per year of CPD. **A minimum of 16 hours of CPD must be relevant to sexual and relationship therapy, six6 hours of which must be face to face.**

NB Applications will be returned if they are found to be illegible.

Application Form for Accreditation – Category One

(For general members who have completed a COSRT accredited course)

[The application form should be completed on your computer.](#)

SECTION A

Personal Details

Membership No:		Title:	
Surname:		Date of Birth:	
Forenames:			
Address:			
Tel No (day):		Tel No (eve):	
Email:			
Please provide the name of the COSRT accredited course you have completed:			
Following successful accreditation, state the name you would like recorded on your certificate:			

NOTE:

If you have not completed any clinical hours associated with any other training course before this course then you are required to complete 450 clinical hours, supervised at a ratio of 1:6.

If you are Accredited with BACP, COSCA, UKCP, HCPC or equivalent AND you can evidence that Accreditation through the APEL process then, you may complete 320 clinical hours (rather than 450) supervised at a ratio of 1:6.

See COSRT Practice Guideline One on Supervision for further information.

You must supply a copy of your accreditation certificate with your application

Section B

Training and Supervision

1.	Date you began your COSRT accredited course?																									
2.	Date you completed your COSRT accredited course (either the date on your certificate or the date of a letter sent by the course Director saying you have fulfilled all the requirements of the course)?																									
3.	Date you commenced the pre-accreditation period? The pre-accreditation period is counted as the time, following completion of your course, during which you are accruing the additional hours which bring you up to the required 450 or 320 hours as outlined previously. Please note: you may not apply for accreditation until at least a year from the completion of your COSRT accredited course.																									
4.	Date you completed the pre-accreditation period i.e. completed the total of 450 or 320 required clinical hours.																									
5.	How many hours of individual supervision have you received during the pre-accreditation period (between dates given at questions 3 and 4 above)?																									
6.	How many hours of shared/group supervision have you received during the pre-accreditation period (between dates given at questions 3 and 4 above)?																									
7.	How many hours of clinical practice have you completed during the last year ?																									
8.	<p>Please tell us about the clinical work you have undertaken during your training and in the pre-accreditation period, where and when it took place.</p> <table border="1"> <thead> <tr> <th>Date (from – to)</th> <th>Placement</th> <th>Hours completed</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> <p>e.g.</p> <table border="1"> <thead> <tr> <th>Date (from – to)</th> <th>Placement</th> <th>Hours completed</th> </tr> </thead> <tbody> <tr> <td>11.12.16 – 03.04.17</td> <td>North Herts NHS Trust</td> <td>143</td> </tr> <tr> <td>05.07.16 – ongoing</td> <td>The Fertility Centre, Barnet</td> <td>200</td> </tr> </tbody> </table>		Date (from – to)	Placement	Hours completed													Date (from – to)	Placement	Hours completed	11.12.16 – 03.04.17	North Herts NHS Trust	143	05.07.16 – ongoing	The Fertility Centre, Barnet	200
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9.	<p>(a) You are required to have undertaken 50 hours of personal therapy and experiential work. This does not include supervision, CPD or case discussion. The requirement should include a minimum of 20 hours one-to-one personal therapy. The following would be acceptable as additional hours:</p> <ul style="list-style-type: none"> Any personal therapy undertaken within the last 10 years; Any couple therapy undertaken in the last 10 years; All personal and professional development group hours attended during training; Any awareness group hours during training; 																									

- Any therapeutic group work undertaken outside the training; Trainees, who were required to include one-to-one personal therapy within their accreditation process for other professional bodies, may include this within the 50 providing it is within the 10 year period. **Please list the hours** and modality of the work undertaken..

Date (from – to)	Hours completed	Modality

e.g

<i>Date (from – to)</i>	<i>Hours completed</i>	<i>Modality</i>
<i>12.02.14 – 05.06.15</i>	<i>30</i>	<i>Couples work</i>
<i>10.05.16 – 02.01.16</i>	<i>15</i>	<i>CBT</i>
<i>03.04.16 – 05.10.17</i>	<i>20</i>	<i>EMDR</i>

9. (b) Describe in 1000 words +/- 10%, how this work (above) has informed your **self-reflective** process in the furtherance of your therapeutic work, your professional development, as well as how self-reflectivity informs your practice (**please use a separate sheet of paper**). Please give word count.
9. (c) Describe in 1000 words, +/- 10%, how this experiential work or therapy has been relevant to your **clinical practice** in sexual and relationship therapy (**please use a separate sheet of paper**). Please give word count.
9. (d) Please supply a written copy of your client agreement that you, or the organisation where you practice, use.
10. The names and addresses of supervisor(s) from whom a reference will be sought. **[Two references are required. If current supervisor is the same as course supervisor please give name and address of a professional colleague who knows your work.]**

Supervisor One (current):

Supervisor Two (past):

Name and address of professional colleague from whom a reference will be sought if your supervisor is the same as your course supervisor:

SECTION C

The Criteria

PLEASE TICK THE APPROPRIATE BOX

1.	Have you been a full general member of COSRT for more than 12 months?	Yes	No
2.	Have you completed 450 clinical hours of treatment and assessment? Trainees who have <u>completed accreditation</u> , or its equivalence, with BACP, COSCA, UKCP, HCPC may submit this evidence as APEL and will only be required to undertake 320 clinical hours for COSRT accreditation.	450 Yes	450 No
		320 Yes	320 No
3.	Have you enclosed evidence of successful completion of a COSRT accredited course?	Yes	No
4.	Have you evidenced the personal therapy criteria?	Yes	No
5.	Have you completed at least 100 hours of clinical practice in the year prior to your application for accreditation?	Yes	No
6.	Have you received supervision of the pre-accreditation clinical hours required at a ratio of 1:6 as per <u>COSRT Practice Guideline 1</u> ?	Yes	No
7.	Has your supervision during your pre-accreditation period been with a COSRT Accredited Supervisor, COSRT Accredited Member, or other suitably qualified supervisor (<u>see COSRT Practice Guideline 1</u>)?	Yes	No
8.	Have you completed a minimum of 20 cases (excluding assessment only) during your COSRT accredited course and the pre-accreditation period?	Yes	No
9.	Of the 20 cases, were there at least 10 couples during the Accredited course and pre-accreditation period?	Yes	No
10.	Has your clinical practice been continuous during the 12 months prior to application?	Yes	No
11.	Have you completed the COSRT <u>Log Book</u> to document the sexual and relationship clinical work carried out in the six months prior to this application?	Yes	No
12.	Have you provided a copy of your written client agreement?	Yes	No
13.	Has the log been signed by the Supervisor who has worked with you for the period covered by the <u>Log Book</u> ?	Yes	No
14.	Have you provided the name and address of your current supervisor(s), past supervisor or professional colleague?	Yes	No

15. Have you studied the <u>COSRT Code of Ethics and Practice for General and Accredited Members</u> with your Supervisor?	<div style="border: 1px solid black; padding: 2px 10px;">Yes</div>	<div style="border: 1px solid black; padding: 2px 10px;">No</div>
16. Do you undertake to do a minimum of 30 hours CPD each year? A minimum of 16 hours must be relevant to sexual and relationship therapy, six of which must be face to face.	<div style="border: 1px solid black; padding: 2px 10px;">Yes</div>	<div style="border: 1px solid black; padding: 2px 10px;">No</div>
17. Have you provided your curriculum vitae?	<div style="border: 1px solid black; padding: 2px 10px;">Yes</div>	<div style="border: 1px solid black; padding: 2px 10px;">No</div>
18. Have you provided proof of insurance cover?	<div style="border: 1px solid black; padding: 2px 10px;">Yes</div>	<div style="border: 1px solid black; padding: 2px 10px;">No</div>
19. Can you confirm you have not been convicted of any sexual offence?	<div style="border: 1px solid black; padding: 2px 10px;">Yes</div>	<div style="border: 1px solid black; padding: 2px 10px;">No</div>

Please return the application form and THREE photocopies to COSRT, PO Box 13686, London, SW20 9ZH, enclosing:

- (a) Curriculum Vitae and three photocopies.
- (b) Log Books and three photocopies.
- (c) Four photocopies of documentation confirming successful completion of the COSRT accredited Training you have undergone.
- (d) **The processing fee of £190**, cheques should be made payable to COSRT and payment must be in Pounds Sterling.
- (e) Four photocopies of your up-to-date insurance indemnity certificate or equivalent. For NHS employees, send proof to confirm that NHS work is covered - this may be in the form of a letter from your line manager. If working in the private sector, NHS or voluntary sector, provide evidence of cover for all areas of work.
- (f) Four photocopies of current COSRT subscription receipt.

Please collate your documents into FOUR complete application packs before sending.
Please do not put in folders, bind or staple the packs.

I DECLARE that I have never been convicted of any sexual offence.

I CONFIRM I am a current member of COSRT and will remain so for the duration of my Accreditation.

I CONFIRM my commitment to maintain ongoing supervision, continued professional development, and annual audit for the duration of the Accreditation or until such time as I discontinue clinical practice and I undertake to notify the College accordingly and to return my certificate.

I CONFIRM that I understand UKCP, CSRP and COSRT are signatories to The Second Memorandum of Understanding against Conversion Therapy, and that I must not advocate or use conversion therapy, which assumes that any one sexual orientation or gender identity is superior to or preferable to any other. I will not seek to work in such a way as to impose or attempt to impose change in a clients self-determination of sexual orientation or gender identity.

I CONFIRM proof of professional liability insurance to the required minimum level of £2,000,000.

I CONFIRM that all the above statements are true and I agree to abide by the Code of Ethics for General and Accredited Members and the Governing Documents of COSRT.

I CONFIRM I have not been debarred from another therapy organisation and have no complaints in progress.

Signature:

Date:

Supervisor Declaration: Please ask your supervisor to sign below to confirm he/she has seen and discussed this application in full with you and read the supporting documents.

I CONFIRM I have seen this application.

Signature:

Date:

Name of Supervisor:

Clinical Practice Log – for six months prior to application for accreditation

The log should be completed on your computer.

Therapist Name:

Date case started	Presenting problem	Individual or couple	How many sessions completed	End date	Outcome

Supervisor Name:

Supervisor Signature:

Date:

Supervision Log – to cover pre-accreditation year at ratio of 1:6

The log should be completed on your computer.

Name of Supervisee:

Name of Supervisor:

Date	Group or individual supervision	Duration of session	Content

Supervisor signature:

Date:

Guidelines for Resubmission, Reapplication and Appeal

It is the task of the Assessors Panel to ensure that applicants for COSRT Accreditation meet the published criteria.

The Assessors acknowledge the considerable amount of time, energy and feelings invested by many applicants in the process of applying. They will assess all applications fairly, respectfully and in accordance with the criteria. Should your application not meet those criteria then the reasons for non-accreditation will be set out clearly in the Assessor Panel's final letter

If you are not awarded accreditation it is important, to keep in mind, that under certain circumstances an application can be looked at again, and to this end the following procedures are available.

1. Resubmission. When the applicant has omitted or submitted an incomplete piece of required information, then the applicant will be invited to resubmit the application including the missing details. Resubmission has to take place within six months and there is a resubmission fee of £50.
2. Reapplication. Where the applicants have not satisfied the criteria they may reapply 12 months from the notification and when the criteria have been met. As this will be a new application the full application fee of £190 is required.
3. Appeal. Applicants may appeal if they feel they have grounds to believe that the assessment process was not carried out fairly and properly in accordance with the published criteria. The grounds for appeal should be clearly and specifically stated. The application will be read, unchanged, by the Appeals Panel which is formed of members of the Professional Standards Board excluding the Accreditation Representative. In addition, applicants may submit up to a maximum of two sides (A4) of comments or information, which is pertinent to the reasons for rejection, as stated in the rejection letter.

Appeals have to be made within three months of notification to the Business Manager, COSRT, PO Box 13686 London SW20 9ZH. There is an appeals fee of £100 payable to COSRT.

4. The Appeals Panel.
 - a) The Professional Standards Board will convene the Appeals Panel.
 - b) If the Appeals Panel judges the appeal to be well founded it shall take such steps, as it considers necessary, in its absolute discretion, to consider the appeal and reverse or uphold the original decision.
 - c) The reasons for reversing or upholding the decision not to accredit will be set out in the final letter from the Appeals Panel.
 - d) The Appeals Panel does not enter into correspondence about applications.
 - e) The decision of the Appeals Panel, after due consideration of the Appeal, is final.