College of Sexual and Relationship Therapists

PO Box 13686, London, SW20 9ZH
Tel/Fax: 0208 543 2707
Email: info@cosrt.org.uk
Web: www.cosrt.org.uk
Registered Charity No: 1101961

Application Form for Accreditation – Category Three (for general members who have completed a four-year COSRT approved course)

SECTION A

Personal Details

BLOCK CAPITALS PLEASE

Membership No: . . . . . Title: . . . . .

Surname: . . . . . Forename(s) . . . . .

Date of Birth: . . . . .

Section B

Training and Supervision

1. Date you began your COSRT approved course: . . . . . .

2. Date you completed your COSRT approved 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. How many hours of assessment have you completed in the last year (max of 25% initial assessments): . . . . . .

4. How many hours of treatment during previous year: . . . . . .

5. Name and address 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): . . . . . .

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   Supervisor Two (past): . . . . . .

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   Name and address of professional colleague from whom a reference will be sought:

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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 a pre-accreditation period of at least 200 hours of treatment and assessment (no more than 25%) in a minimum of one year, maximum of two years?	**Yes**	**No**
3.	Have you enclosed evidence of successful completion of a COSRT approved course?	**Yes**	**No**
4.	Have you completed at least 100 hours of assessment and treatment in the year prior to your application for accreditation?	**Yes**	**No**
5.	Have you received supervision of the 200 hours pre-accreditation period according to COSRT Practice Guideline 1 at the ratio of six hours therapy to one hour of supervision?	**Yes**	**No**
6.	Has your supervision during your pre-accreditation period been with a COSRT Accredited Supervisor, COSRT Accredited Member, or other suitably qualified supervisor (see COSRT Guidelines for Supervisors).	**Yes**	**No**
7.	Have you completed a minimum of 20 cases (excluding assessment only) during the Approved course and pre-accreditation period?	**Yes**	**No**
8.	Of the 20 cases, were there at least 10 couples during the Approved course and pre-accreditation period?	**Yes**	**No**
9.	Has your clinical practice been continuous in the 12 months prior to applying for accreditation?	**Yes**	**No**
10.	Have you completed the COSRT log book to document the sexual and relationship clinical work carried out in the six months prior to this application?	**Yes**	**No**
11.	Has the log been signed by the Supervisor who has worked with you for the period covered by the log?	**Yes**	**No**
12.	Have you provided the name and address of your current supervisor(s), past supervisor or professional colleague?	**Yes**	**No**
13.	Have you studied the COSRT Code of Ethics and Practice for General and Accredited Members with your Supervisor?	**Yes**	**No**
14.	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**	**Yes**	**No**

therapy.

15. Have you provided a curriculum vitae?

Yes	No

16. Have you provided proof of insurance cover?

Yes	No

17. Can you confirm you have not been convicted of any sexual offence?

Yes	No

18. Personal and Experiential Work.

You are required to have undertaken 50 hours of experiential work and/or personal therapy which has increased awareness of your own reactions and responses within the context of sexual and relationship therapy. This does not include supervision, CPD or case discussion. Please detail how the 50 hours has been met. (Criterion 3):

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19. Describe in 600 to 1000 words how this has been relevant to your practice in sexual and relationship therapy. Use additional sheet if necessary.

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Please return the application form and THREE photocopies (four copies in total) to COSRT, PO Box 13686, London, SW20 9ZH, enclosing:

(a) Curriculum Vitae and three photocopies.
(b) Log Book and three photocopies.
(c) Four photocopies of documentation confirming successful completion of the COSRT Accredited Training you have undergone.
(d) The processing fee of £150, 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 bind 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 all the above statements are true and I agree to abide by the Governing Documents of COSRT.

I CONFIRM I have not been debarred from another therapy organisation.

Signature: …… Date: ……

Supervisor Declaration: Please ask your supervisor to sign below to confirm he/she has seen this application.

I CONFIRM I have seen this application.

Signature: …… Date: ……

Name of Supervisor: …….....

Updated 02.12.13