

COSRT Membership

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

COSRT is the UK's leading membership organisation for therapists specialising in sexual and relationship issues. In its forty-year history it has developed a wealth of experience, helping its members improve and share their professional skills. COSRT offers therapists and other professionals, support through training courses, conferences and seminars, access to original research and a highly respected peer-reviewed Journal. We welcome new members from a wide range of disciplines. For many of our Members, Membership is a stepping-stone to COSRT Accreditation, which 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

We look forward to receiving your application and welcoming you into COSRT 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 General Membership

Please download the application form for General Membership.

Before completing your application form you are reminded that as a General Member you must support the objects as laid down in the COSRT [Articles](#) and comply with both the [Codes of Ethics and Practice for General and Accredited Members](#) and the [General Terms and Conditions of Membership and Supervisor Accreditation](#). By paying your subscription you will be agreeing to abide by these Terms and Conditions.

Please note the information regarding referees. Although the College will write to the referees requesting references, applicants are expected to take responsibility for ensuring their timely arrival. The references will only be accepted on the official forms.

Applications for accreditation can only be accepted from members who have been general members for twelve months prior to making the application.

The General Member subscription is £141 sterling per annum.

A trainee on a COSRT accredited course will pay a fee of £97 sterling per annum. This is subject to documentary evidence from the course leader. This fee lasts for two years from the start of the accredited course. After this time the full fee of £141 sterling is payable.

Fees should not be paid until you are offered membership, after which payment of the annual fee will confirm membership.

Criteria for General Membership

1. You may be granted General Membership of COSRT if you meet one or more of the following requirements:

- 1.1 You are in practice as a sexual, couple and/or relationship therapist but do not as yet fulfill the criteria for Accredited Membership.
- 1.2 You are from a relevant profession. Examples include psychotherapy, medicine, counselling, nursing, social work and psychology
- 1.3 You are involved in academic research related to sexual, couple and/or relationship therapy or have a medical or clinical interest in sexual and relationship therapy.
- 1.4 You have an appropriate professional interest in the work of COSRT.

2. You must also:

- 2.1 Support the Objects of the COSRT as laid down in the current Articles:

Objects

The objects ("the Objects") for which the Company is established are to advance education in sexual, couple and relationship therapy for the benefit of the public, in particular but not exclusively by:

- i the provision of, and assisting in the provision of training for those engaged in sexual, couple and relationship therapy;*
- ii formulating and monitoring standards of professional conduct and competence for those engaged in sexual, couple and relationship therapy; and*
- iii promoting research in the fields of marriage and other intimate relationships; sexual, couple and relationship therapy and human sexuality.*

- 2.2 Agree to abide by the COSRT Code of Ethics and Practice for General and Accredited Members, the General Terms and Conditions of Membership and Supervisor Accreditation and other Governing Documents when working as a sexual, couple and/or relationship therapist.

- 2.3 Be aware of, and agree to comply with, the following clause and sub-clauses from the Code of Ethics and Practice for General and Accredited Members clause 3.5: Anti-discriminatory practice:

3.5.1 Anti-discriminatory practice should underpin all professional activities. The value and dignity of Clients must be recognised at all times. The Member must work in ways that respect the individuality of the Clients and colleagues with regard to issues of difference, such as religion, race, gender, age, beliefs, orientation, sexuality and disability.

3.5.2 Issues of prejudice and stereotyping are universal. Members have a duty to bring possible prejudices into their conscious awareness and to consider ways in which this may affect the therapeutic process.

3.5.3 *Attitudes, assumptions and values can be identified by the language used and interventions offered. Members must ensure that interventions offered are culturally acceptable to Clients.*

3.5.4 *Autonomy and right to self-determination of Clients and of others with whom they may be involved must be protected, subject to the limits of confidentiality and safety.*

3. COSRT are signatories to The Second Memorandum of Understanding against Conversion Therapy.

COSRT therapists 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. They 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.

4. Clinical practitioners **must** provide proof of professional liability insurance to the required minimum level of £2,000,000. This applies to UK and Ireland residents only. COSRT does not accept liability for your insurance. Members are reminded that insurance must be sufficient to cover all professional aspects of their clinical work. e.g. supervision and training. If you are working for a crown service, Relate or the NHS you must provide proof of your organisational insurance for the role of psychosexual therapy. See practice guideline 10.

NOTE: Trainees who are in year one and not in clinical practice do not need insurance until the commence clinical work

5. General Members who are practitioners must have clinical supervision in accordance with the COSRT Code of Ethics and Practice for General and Accredited Members and Practice Guideline 1.
6. You must provide copies of all qualifications and these need to be countersigned by your supervisor. Where a supervisor is not in place eg in the case of a trainee you can use the course director, your employer or line manager,

They should sign the back of the copy in this manner:

I have seen the original certificate and confirm this to be an accurate copy

Signed

Position

Professional Membership Organisation

Membership Number

Application Process

Applications for General Membership should be forwarded to the Business Manager, COSRT, PO Box 13686, London, SW20 9ZH. Applications for Membership are considered on a regular basis. COSRT will send a reference form to each of your referees and references will only be accepted on these forms. You are responsible for seeing that the completed reference forms are forwarded to the Business Manager promptly.

Confirmation of the outcome of your application will be sent to you. An offer of membership is only valid for three months. If the annual subscription is not received by us within three months, you would need to reapply.

COSRT reserves the right to request an applicant to attend an interview with representatives of COSRT to discuss their application. The applicant would be expected to meet their own travel costs to attend the interview.

The provision of misleading information or an incomplete declaration may lead to refusal of entry to membership or withdrawal of membership at a future date.

Membership of COSRT does not commence until the annual subscription has been received.

General Membership of the College for Sexual and Relationship Therapists is not a qualification and must not be represented as such. Refer to the COSRT Code of Ethics and Practice for General and Accredited Members clause 3.9 Advertising.

General Membership – Application Form

IMPORTANT

- 1. PLEASE COMPLETE CLEARLY AND SEND TO COSRT WITH YOUR CV AND PROOF OF INSURANCE COVER – SEE PRACTICE GUIDELINE 10.**
- 2. PLEASE ASK YOUR SUPERVISOR, OR OTHER DESIGNATED PERSON, TO COUNTERSIGN COPIES OF ALL QUALIFICATIONS AS PER INSTRUCTIONS IN NO 6 OF THE CRITERIA.**

THE APPLICATION CANNOT BE ACCEPTED WITHOUT THESE DOCUMENTS AND WILL BE RETURNED.

Surname		
Forename(s)		
Date of Birth		
Title	Mr / Mrs / Ms / Dr / Other	Male / Female
Home Address		
Postcode		
Telephone No		
Mobile No		
Email Address		
Work Address		
Postcode		
Telephone No		
Profession / Discipline		
Current Position		

1. Are you currently a trainee on a Cosrt accredited course?

Yes / No

If yes, please give course details and the contact information for the course director.
COSRT will seek confirmation of your registration.

Course Director:

Cosrt accredited Course:

Email:

2. Do you currently practice as:

a psychosexual therapist? Yes / No

a relationship therapist? Yes / No

a psychosexual and relationship therapist? Yes / No

If you answer 'yes' to any of the above please answer the following:

i. What training and qualifications have you completed?

ii. How much supervision do you receive?

iii. What professional indemnity insurance do you hold?

Have you provided proof of insurance cover for your stated profession?

Yes / No

NOTE: Trainees who are in year one and not in clinical practice do not need insurance until the commence clinical work

3. If you have answered 'no' to the above please state:

Your profession:

What is your professional interest in joining COSRT?

What training and qualifications have you completed?

What professional indemnity insurance do you hold for your stated profession?

Have you provided proof of insurance cover for your stated profession?

Yes / No

IMPORTANT: PLEASE ATTACH A COPY OF YOUR CURRENT CV AND INSURANCE CERTIFICATE WITH THIS APPLICATION. INSURANCE LEVEL IS TWO MILLION POUNDS SEE PRACTICE GUIDELINE 10. IF YOU ARE WORKING FOR A CROWN SERVICE, RELATE OR THE NHS ONLY THEN PLEASE PROVIDE EVIDENCE OF COVER FOR YOUR ROLE AS A PSYCHOSEXUAL THERAPIST

REFERENCES

- **If you are applying to re-instate Accreditation within a two-year break, as per document M17, please only submit a current supervisors reference. All other applicants please follow the below instructions.**
- Please provide the names and addresses of three referees from different settings (see below);
- Please seek permission from your referees before submitting their names;
- COSRT will send for references;
- Please inform your referees that only the form sent by COSRT is acceptable as a reference and that in order for the application form to be processed and accepted by COSRT all questions MUST be completed by the referee otherwise the form will be returned. Where appropriate the referee should use NOT APPLICABLE to prevent delay;
- Your application will not be considered until your references have been received.

Character Reference (someone who has known you, and your work, for three or more years).

Name:

Address:

Email:

Professional Reference One (current supervisor or equivalent). If your current supervisor has known you for less than one year, please provide the name, address and email of your previous supervisor as well.

Name:

Address:

Email:

Trainees who do not have a supervisor may use their course director for this reference

Professional Reference Two (line manager). If you are self-employed, provide the name of a colleague who has known your work for two or more years.

Name:

Address:

Email:

DECLARATIONS

I confirm I support the following conditions:

1. I confirm that I have read the [COSRT Codes of Ethics and Practice for General and Accredited Members](#) and the [General Terms and Conditions of Membership and Supervisor Accreditation](#). If accepted for General Membership, I confirm I will abide by these Codes and other Governing Documents.
2. I will work to uphold anti-discriminatory practice and comply with clause 3.5 and its sub-clauses of the Codes of Ethics and Practice for General and Accredited Members.
3.5.1 Anti-discriminatory practice should underpin all professional activities. The value and dignity of Clients must be recognised at all times. The Member must work in ways that respect the individuality of the Clients and colleagues with regard to issues of difference, such as religion, race, gender, age, beliefs orientation, sexuality and disability.
3.5.2 Issues of prejudice and stereotyping are universal. Members have a duty to bring possible prejudices into their conscious awareness and to consider ways in which this may affect the therapeutic process.
3.5.3 Attitudes, assumptions and values can be identified by the language used and interventions offered. Members must ensure that interventions offered are culturally acceptable to Clients.
3.5.4 Autonomy and right to self-determination of Clients and of others with whom they may be involved must be protected, subject to the limits of confidentiality and safety.
3. COSRT are signatories to The Second Memorandum of Understanding against Conversion Therapy. COSRT therapists 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. They 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.
4. I declare I have not had any complaints upheld against me by any professional body and I have not had my membership of any professional organisation terminated on the grounds of professional misconduct.
5. I understand that any complaint made against me will be taken forward by COSRT under the current complaints procedure.
6. I declare that I have not been convicted of any sexual offence.

Signature:

Date:

PLEASE BE SURE TO SEND A COPY OF YOUR CURRENT CV AND INSURANCE CERTIFICATE WITH THIS APPLICATION. INSURANCE LEVEL IS TWO MILLION POUNDS SEE PRACTICE GUIDELINE 10. YOUR APPLICATION CANNOT BE CONSIDERED BY THE

Appeals Process

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 Membership and 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.

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 award Membership 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.

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

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

Name of Supervisee:

Name of Supervisor:

Date	Group or individual supervision	Duration of session	Content

Supervisor signature:

Date: