

Application Form for Accreditation – Category Two for general members who have completed a course in psychosexual and relationship therapy not approved by COSRT.

Membership No:

Title:

Surname:

Forename(s):

Date of Birth:

Address:

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Telephone No (day):

Telephone No (eve):

Fax No:

Email Address:

Following successful accreditation state the name you would like recorded on your certificate.

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4. 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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5. Clinical experience in sex and relationship therapy.

- (a) Number of years:
- (b) Number of hours:

 - (i) in total over the years of your practice in this field:
 - (ii) in the last year:

- (c) In what setting(s) have you worked as a sex and relationship therapist?
 - (i)
 - (ii)
 - (iii)
 - (iv)
- (d) In what capacity have you worked in these settings?
 - (i)
 - (ii)
 - (iii)
 - (iv)

- (e) How many cases have you completed with:
 - (i) couples:
 - (ii) individuals:

6. Give details of the supervision of your clinical practice in sexual and relationship therapy.

(a) Number of years you have been supervised:

(b) Hours per year:

(c) What form has this supervision taken: Individual Group

If Group: Please state the number of members in the group:

Please state the duration of each group:

Please note that if you are using group supervision as part of your application, one of your referees must be your group supervisor.

(d) How many hours of supervision have you had of your clinical practice of sex and relationship therapy in the year prior to this application?

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7. Breaks in Practice.

a) Has your clinical practice been continuous during the 12 months prior to this application?

Yes	No
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b) If no, please give details:

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8. Name(s) and address(es) of past Supervisor(s) from whom a report will be requested:

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9. Name(s) and address(es) of current Supervisor(s) of clinical practice in sex and relationship therapy since completing the 320 hours in training. A report will be requested from your Supervisor(s). (If more than one Supervisor, please complete appropriate number of sections). Please note that if you are using group supervision as part of your application one of your referees must be your group supervisor.

(i) Supervisor One

(a) Name and address of current Supervisor of your sex and relationship therapy:

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(b) Number of years with this Supervisor:

(c) Number of hours per year with this Supervisor:

(d) What form has this supervision taken:

(ii) Supervisor Two

(a) Name and address of current Supervisor of your sex and relationship therapy:

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(b) Number of years with this Supervisor:

(c) Number of hours per year with this Supervisor:

(d) What form has this supervision taken:

(iii) How many hours of supervision in total have you had of your clinical practice in sex and relationship therapy in the year prior to this application?

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10 It is a requirement that you discuss this application with your named past supervisor(s). Please confirm you have done so.

 Yes No

11. It is a requirement that you discuss this application with your named present supervisor(s). Please confirm you have done so.

 Yes No

12.
If you have had the same supervisor from your course to the present time give the name and address of a further professional colleague who has known your sexual and relationship work for a minimum of one year and can confirm your competence and integrity in the field.

Name:

Address:

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13. It is a requirement that you study the **COSRT Code of Ethics and Practice for General and Accredited Members** with your Supervisor(s). Please confirm you have done so.

Yes

No

14. Please describe in no more than 1500 words those theoretical framework(s) and method(s) of working with both couples and individuals which underpin your work as a sexual and relationship therapist. A typed submission is preferred.

Please add pages if required.

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15. Please add other information you consider relevant to your application.

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Please return completed application form and **FOUR** photocopies to:
COSRT, PO Box 13686, London, SW20 9ZH.

With your application also enclose:

- (a) Curriculum Vitae and **THREE** photocopies.
- (b) **Log Book** and **THREE** photocopies.
- (c) The processing fee of £150, cheques should be made payable to COSRT and payment must be in Pounds Sterling.
- (d) **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.
- (e) **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: