Full Application Form - NCPS Advanced Specialist CYPT Course Recognition

Name of Training Provider: _____

Title of training course* _____

_____

Please specify **Ofqual Awarding Body** *(*If course has an academic "Level" as part of the title*) _____

**Course leader/Director: _____

(**The Course leader /Director is required to be an individual registrant of the NCS*)

Names of all Registered Company Directors: _____

_____

Training Provider address: _____

_____

_____ Post Code: _____

Contact telephone no: _____

 Contact email address: _____

Training Provider Website: _____

No. of Years course has been running: (*at least one cohort must have been fully completed for an application to be considered*) _____

Number of Cohorts who have successfully completed the course to date: _____

Location(s) at which this course is run: _____

_____

_____

How/Where did you hear about the NCPS: _____

NCPS requirement/question	Training Provider Response
Please confirm that this course offers specific post-graduate training to equip qualified Counsellors/Psychotherapists to work with Children and Young People (CYP)	
Does this course hold training recognition with another professional organisation and/or academic awarding body (ie: ABC, AIMs, CPCAB etc)?	☐ Yes - *please provide further details*: ☐ No
Has the course you are applying for ever had recognition revoked, removed, or declined?	☐ Yes - *please send full details along with this application* ☐ No
Does this course lead to academic validation by a university?	☐ Yes - *please provide further details*: ☐ No
If this course is not validated by another professional organisation, or does not lead to academic validation by a university, does it have formal learning outcomes and assessment criteria?	☐ Yes - *please provide further details of learning outcomes*: ☐ No
Please provide an overall statement detailing the approach and ethos of the training programme	
Please give details about the curriculum and staffing structure for this course including: Names, roles, and current CVs (*please send as attachments*) for all teaching staff involved in the delivery of this course	
Tell us how long this course lasts for and whether it is full time or part time.	
Please confirm the total number of hours students spend in classroom tutorials* (GLH). *If this course offers a **blended approach** to learning, please confirm the number of teaching hours that are offered (1) face-to-face in-the-room and the number of teaching	

hours that are offered (2) synchronously online	
Please give full details of all the other assessed study hours undertaken and methods of assessment used for these (e.g. experiential learning, skills practice, case study work, essays etc…	
*Please confirm that students are required to complete at least **50 hours of supervised clinical practice*** as part of this training and how their placement work is assessed.* *(*Please refer to the CYPT training standards document attached for guidance on placement requirements.)*	
Tell us about any personal therapy requirements and/or opportunities for experiential learning about 'Self' and others required by the course.	
Please confirm that your organisation has the following (*please circle your answer*) and provide **copies of each policy**: (**ICR = A suitable **Independent Complaints Reviewer (ICR)** must be in place to support any requests made to review a complaint/appeal)*	o Complaints Policy (*including ICR**) Yes No o Ethical Framework Yes No o Equality and Diversity Policy Yes No
Please provide details about your training facilities *(incl. rooms available for practical work, online platforms if applicable etc)*	
Is there anything else you would like to tell us about this training course that could support this application?	

Please Continue…………..

The Society uses this next section of the form to examine your materials in more depth. Please confirm that this course contains the following elements.

*Please supply **electronic copies** of supporting documents and **signpost** the documents to which you are referring, including module/unit numbers, page numbers and other appropriate references (assessments, handouts etc). Links to material available on your website will also be useful.*

Please clearly signpost in the 'Evidence' column where evidence can be found.

Standard	Evidence *(eg, Module number *; Page number *-*)*
Course Content – please map evidence as per the criteria listed in the CYPT training standards document attached	
5.1 Legal Implications and Considerations	
5.1.1 Confidentiality, Capacity and Consent – to include a detailed exploration of the basis on which CYP can access counselling autonomously and to include counselling in the context of looked-after CYP and adoptees	
5.1.2 Parental rights vs Child or Young Person's rights	
5.1.3 Participation/contracting – to include having an awareness of the barriers for CYP accessing to counselling	
5.1.4 Child protection and safeguarding – to include awareness of all forms of abuse and exploitation	
5.1.5 Special Educational Needs and Disabilities (SEND) – to include capacity and consent and contraindications for counselling	
5.1.6 Data Protection (GDPR) and record keeping	
5.1.7 Equality, Diversity and Culture – to include sexual and gender identity issues	
5.1.8 Disclosure and barring service (DBS) checks	
5.1.9 Pre-trial therapy	
5.2 Therapeutic Models, Approaches and Specialist Skills	
5.2.1 Application of the Humanistic counselling modality and other relevant therapy models for CYP	

5.2.2 The referral process	
5.2.3 Social media influences	5
5.3 Child and Adolescent Development and Transitions	
5.3.1 Child and adolescent development – to include emotional and cognitive development	
5.3.2 Attachment theory and child and adolescent development – to include trauma informed practice and knowledge of Adverse Childhood Events (ACEs)	
5.3.3 Influence of parent/carer and an awareness of family dynamics / structures	
5.3.4 Importance of creative expressive practices	
5.3.5 Family development	
5.3.6 Grief and Loss during childhood – Incorporating up to date models	
5.4 Child and Adolescent Mental Health Conditions	
5.4.1 Well-being and emotional resilience	
5.4.2 Awareness of CYP mental health problems and disorders	
5.4.3 Psychopharmacology	
5.5 Assessment, Evaluation and Measured Outcomes	
5.5.1 Fundamental principles of the counselling assessment and use of assessment tools and measures.	
5.5.2 Ability to conduct initial and emerging assessments and ongoing risk assessments	
5.5.3 Assessing the child/young person's presenting issues in therapy – to include working with ruptures, conflicts, and other disruptive influences on the therapeutic alliance	

5.5.4 Supervision – to include consultative support on establishing and maintaining appropriate professional boundaries both age appropriate for the CYP and third parties e.g., other professionals, parents.	6
5.6 Working in various settings, with awareness of boundary conflicts and differing professional discourses, such as in:	
5.6.1 Schools	
5.6.2 Voluntary and/or community contexts	
5.6.3 Multi-agency /agency settings – to include knowledge and competency to share information between different agencies and stakeholders	
5.6.4 Private practice	
5.6.5 Working online	
5.6.6 Working with groups	
Please also provide details for:	
Assessment of the following: • Development of theoretical and practical knowledge • Competent and ethical practice • Ability to manage the therapeutic process	
Assessment Criteria and Marking Guidelines	
Internal Verifier – IV (*including CV*)	
If applicable - Most recent External Examiners report *(Including CV)*	
Procedures for student suspension and support.	

Evidence Checklist - Please submit the following documents via **We Transfer*** to support this application:

- ☐ **Course leader/Director is an, or applying to be, an individual member of the NCPS. NCPS Membership No:** _____

- ☐ **Copy of policies and procedures** (*eg. admission policies, fees, assessments, complaints, EDI, Ethical Framework etc..*)

- ☐ **Examples of promotional/marketing materials** (*eg. p*rospectus, flyers, website links etc.*)

- ☐ **Copy of full course content and materials distributed to students** – (*these must be clearly labelled and submitted in lesson/module order*)

- ☐ **Copy of Reading list/s**

- ☐ **External Examiner's (EE) CV/details and most recent EE report** *(if applicable)*

- ☐ **All Tutor and Internal Verifiers up to date CV's** (*clearly showing dates and training establishments of qualifications obtained*)

- ☐ **Examples of assessment**

- ☐ **Template copy of certificates awarded**

- ☐ **Signed copy of the Society Terms and Conditions**

- ☐ **Copy of current Public Liability and/or Professional Indemnity Insurance certificate** (*detailing the provision of training is covered*)

- ☐ **Signed Direct Debit Mandate**

Communication Preferences

I confirm that I wish to receive the following information from the Society via email:

☐ e-newsletters and updates   ☐ Membership Surveys

Declaration:

We certify the information listed on this application form (and any evidence required) is, to the best of our knowledge, truthful. We have read and declared all pertinent issues.

Should our course receive approval by the National Counselling Society, we agree to abide by the constitution and rules of the National Counselling Society at the time in force and accept that membership/course recognition is at the sole discretion of the Society.

Signed: _____   Dated: _____/_____/_____

Assessment will commence following receipt of payment and ALL requested evidence and documentation as per the checklist above.

*If you are unable to submit this application via We Transfer please contact us for assistance – standards@nationalcounsellingsociety.org.