



**NCPS Overseas Quality Checked Course - Initial Application form**

Name of Training Provider: .....

Title of training course\* .....

\*If course has an academic "Level" as part of the title please specify Ofqual Awarding Body .....

How long has this course been running?.....

Type of course (Please select):

CPD                      Qualification                      Post Qual (Specialised area)                      Other: \_\_\_\_\_

How did you hear about us?.....

**Contact details of course leader/administrator:**

Name: .....

Address: .....

Phone:.....

Email: .....

Website: .....

Name(s) Registered Company Director(s): .....

Please answer the questions below, as well as supplying us with additional information/ examples to show us as much as possible about the course. We will decide if a site visit is necessary.

Please describe the **purpose** of the course. Who is it aimed at, and what will they achieve as a result of undertaking it? Is it specifically CPD for counsellors?

Please describe the **structure and content** of the course.

1. How do students/trainees learn – by lectures/discussion/experiential exercises?
2. How long is it in hours and days?
3. Is it delivered Face to Face in the room, online synchronous video conferencing or via online distance learning (by correspondence) or a mixture of these?
4. Please detail hours and/or percentage of each of the types of course delivery you have indicated.

Please list names of all tutors (copies of all Tutor cv's will be required as part of the assessment)

Are courses time limited?      Yes       No

If yes, please give details:

Module/course title	Time available to complete module/course

Please give details of how coursework is marked/assessed (if applicable):



**Payment Details** – Please provide contact name and email address for where you would like our invoice to be sent to:

**Name/Dept:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

### **Student Numbers**

How many students have completed the course during this academic year:

How many students will be enrolled on the next course (if known):

### **Communication Preferences**

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

- Newsletters and updates
- Membership Surveys
- Society e-Brochures

### **Application Pack Check List:**

Enclosed with this application:

- Copy of Course Content (including tutor notes, powerpoint slides, student handouts etc)
- Copy of Public Liability Insurance Certificate (incl 'Training')
- Examples of Marketing Materials/Certificates awarded etc for course
- Tutor's CVs
- Signed NCPS Quality Checked Terms & Conditions
- Complaints Policy (including an independent complaints review/ICR process)
- Student Feedback (if available)
- Confirmation of details for Invoice