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|  | For office use only | | | | |
|  | Amount | Payment/Invoice No. | Form  ISCP v4 | Year  2022 |  |
| Payment name  Reg No | | | |
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Application Form for Approved Centre Status

by the International Society for Coaching Psychology

This application form should be completed in association with the *Criteria for Assessment for International Society for Coaching Psychology (ISCP) Approved Centre Status* document. Submissions will be viewed by the ISCP Centre & Course Recognition Panel and a response will be provided within 8 weeks from the receipt of your application.

Following confirmation that your application has been successful your organisation will be entitled to state that you have achieved the ‘International Society for Coaching Psychology Approved Centre Status’, providing initial and continuing professional development/education for its Members.

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| ***1 ORGANISATION DETAILS*** | |
| **NAME OF ORGANISATION/CENTRE** | |
| **ADDRESS** | |
| **Main contact numbers:**  Telephone    Email | **Website Address:** |
| **Website link to Centre Brochure:**  Alternatively a copy of the centre brochure should be attached to your application. |

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| ***2 CENTRE DIRECTORS DETAILS*** | |
| **TITLE** (Ms/Miss/Mrs/Mr/Dr/Prof/Other) | **NAME(S)** |
| **IMPORTANT** **YES**  Is the Centre Director an Accredited member of the International Society for Coaching with the member grade MISCPAccred?  If you are running a course that includes supervision, are the trainers/supervisors ISCP Registered Supervisors?  NB: If you have been unable to answer ‘yes’ to these questions we may not be able to process your application. Please visit the ISCP website for membership and joining details <https://www.isfcp.info> | |

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| ***3 TRAINING CENTRE DETAILS*** | | |
| Please provide the following information relating to the training centre. | | |
| **SUMMARY DESCRIPTION OF THE CENTRE:**  Information provided here can include the organisation’s mission statement, date of establishment and an outline of activities. | |  |
| **TRAINER[S]/TUTOR[S] DETAILS:**  Please include the names of regular trainer[s] or tutor[s] and give brief professional background information. If trainers are members of the ISCP it will be sufficient to state their name and membership grade. If the Centre runs courses that include supervision of coaching psychologists, supervisors should be on the ISCP Register of Supervisors. | |  |
| **IF THE CENTRE IS ACCREDITED &/OR RECOGNISED BY OTHER BODIES GIVE DETAILS HERE:** | |  |
| **IF THE CENTRE IS NOT ACCREDITED &/OR RECOGNISED BY OTHER BODIES GIVE DETAILS OF ANY COURSE[S]/PROGRAMMES ACCREDITED &/OR RECOGNISED BY OTHER BODIES HERE:** | |  |
| **PROVIDE DETAILS OF THE COACHING PSYCHOLOGY AND ANY RELATED COURSE[S]/PROGRAMME[S] OFFERED AT THE CENTRE HERE:**  Please include details relating to aims and objectives of the courses/programmes, how the training is delivered (e.g. face to face or virtual) and a summary of any additional CPD/E or IPD/E activities. Alternatively you may include a web link[s]to this information. | |  |
| **COURSE/WORKSHOP DATE[S]:**  Information on course dates can be updated and/or /revised throughout the presentation period. | |  |
| **YES NO**  **Are delegates able to provide written feedback to course directors/trainers (e.g. via evaluation sheets)?** | | |
| **PROVIDE DETAILS OF THE CENTRE COMPLAINT PROCEDURE/POLICY HERE:** |  | |
| **CONTACT PERSON:** |  | |
| **CONTACT DETAILS:**  Please complete this section if these details differ from the information provided in box 1. |  | |
| **YES NO**  **Do you agree to Organisation Details (Section 1) listed above and details of the title and date of the**   **courses/workshops to be listed on the Society’s website and publications?**  Other than these details the Society treats all submissions in confidence. | | |
| **Total Amount to be paid (**see fee table below): **GBP £** | | |

**Please note that if applications are discovered to contain any false entries, misleading statements or material omissions the International Society for Coaching Psychology reserve the right to cancel the application or later revoke recognition of the course/workshop.**

I certify that the information given on this form is correct and complete to the best of my knowledge. I give my consent for the information to be used for staff administration and research purposes, for International Society for Coaching Psychology to contact third parties to verify the information, and for those third parties to release personal data about me in the verification process, in accordance with the Data Protection Act 1998.

**COURSE DIRECTORS SIGNATURE ................................................................................................. DATE ..............................................**

**Additional Information:**

**Table of Fees**

Please note this is a 12month presentation. Resubmission is required after 12 months

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|  | **Single Training Centre Application** | **Annual Fee for Maintaining Approved Centre Status** |
| **Approved Centre Status Fee** | £200.00 | £100.00 |

**Send the completed application form and fees to:** [office@isfcp.info](mailto:office@isfcp.info)

A secure payment link will then be sent to you.

NB: Your application will not be processed until the correct payment has been received.