



APPLICATION FOR APPROVAL OF NON-RANZCP SUPERVISORS OF COLLEGE TRAINEES

Re 7.1 of the RANZCP Training and Assessment Regulations.

This Form is to be completed by the proposed Supervisor, local Clinical Director and Director of Training, for consideration and approval by the relevant local Training Committee (BTC).

Note: Non-Doctor Psychotherapy Supervisors are permitted however a Doctor must also be involved.

Name of Proposed Supervisor (please print)			
Contact Address			
Phone: (h/w)			Fax:
Email:			Mobile:

Training Program and Service:	
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Date from which this Supervisor Approval is required:
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Note: Approval is granted for one year in the first instance, followed by a formal review in three years. It is expected that performance of all supervisors in a training program will be monitored by the relevant training committee on an annual basis. Formal supervisor training is required prior to commencement and every 5 years thereafter.

Specialist Qualifications of Proposed Supervisor

Qualification:	Year Obtained:	Qualification:	Year Obtained:
MRCPsych (UK)		FF (Psych) SA and/or Mmed (Psych) SA	
FRCPsych (UK)			
ABPN Certification (USA)			
FRCP (Psychiatry) (Canada)			

Consultant Status and Medical Registration Status at time of Application:

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Curriculum Vitae of Proposed Supervisor (detailing training and postgraduate experience)

Attached YES / NO	Previously forwarded or emailed YES / NO
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APPLICANT'S DECLARATION

I am familiar with both the RANZCP Code of Ethics and the Training and Assessment Regulations and will adhere to those in my role as RANZCP Supervisor.

NAME _____ SIGNATURE _____ DATE _____

TO BE COMPLETED BY LOCAL CLINICAL DIRECTOR OF RELEVANT HOSPITAL OR SERVICE

Trainee Rotations to be supervised:

Rotation	Institution/Service	College Classification (eg Adult Psychiatry, Child, C-L)

Recommendation of Local Clinical Director of Relevant Hospital or Service:

Adequacy of applicant's overall training and experience:

Past history of supervision or teaching/training:

Length of time the applicant has up to now worked as a consultant in:

- a) *Australia (if relevant)*
- b) *NZ (if relevant)*

*Reported competence clinically and as a supervisor from work in the local service or hospital:
(if any other referee support letters from colleagues are available, please attach these)*

Other Posts/Duties undertaken by the Proposed Supervisor (Non-Supervisory):

What orientation process has this supervisor undergone (or what is planned, and when) to:
(a) *local clinical setting and services*

(b) *RANZCP Guidelines for supervisors, training regulations, Code of Ethics and curriculum*

Any reservations or suggestions re training, reviews, type of post supervisor is felt suitable to supervise, and monitoring of proposed supervisor's performance:

*Are there any College fellows assisting with supervision at the workplace or working in the same team?
(if so, detail supervision arrangements for the post, and how many tenths each supervisor would be present):*

Recommended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature: <i>Local Clinical Director of relevant Hospital or Service</i>		Date:

Contact Details: Local Clinical Director of relevant Hospital or Service

Name		
Address		
Phone:	Fax:	Email:

PLEASE FORWARD COMPLETED FORM TO THE DIRECTOR OF TRAINING FOR THEIR PROGRAM

RECOMMENDATION OF DIRECTOR OF TRAINING

(from documentation or local knowledge of proposed supervisor):

Adequacy of specialist qualifications (mention subspecialty qualifications where relevant, e.g. C&A posts):

Medical Registration Status:

Adequacy of overall training and experience:

Past history of supervision or teaching/training:

Opinion on reported clinical competence from work locally, amount of local experience & acclimatisation/orientation:

Overall recommendation based on the above:

Any reservations or suggestions re training, reviews, type of post supervisor is felt suitable to supervise, and monitoring of proposed supervisor's performance:

Recommended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signature: Director of Training		Date:
Name:	Address:	
Phone:	Fax:	Email:

PLEASE FORWARD COMPLETED FORM TO THE LOCAL TRAINING COMMITTEE (BTC) FOR APPROVAL



The Royal
Australian &
New Zealand
College of
Psychiatrists

Recommendation of Branch/Psychiatry/National Training Committee

Please comment on the extenuating circumstances requiring the appointment of the applicant as a non-RANZCP Supervisor of College Trainees. Also comment on the suitability of the proposed supervisor to fill this supervision need, noting any problems or reservations.

Name of Proposed Supervisor (please print)		
Recommended:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommendation - from BTC approval process/discussion:		
Area(s) of Training in which this supervisor is approved: <input type="checkbox"/> adult and general psychiatry (specify if for BT and/or AT) <input type="checkbox"/> mandatory subspecialty area(s) of basic psychiatry training*	Date from which approval commences: <input type="checkbox"/> as requested on page 1 <input type="checkbox"/> other:	
Name: (for Branch Training Committee)	Signature:	Date:

** Note that approval of Advanced Training subspecialty supervisors is via the relevant Committee of Advanced Training*

Please forward completed form to (pages 1-4) and applicant's CV relevant Training Director and to

**Training Department, RANZCP
 Fax: (03)-96425652; 309 La Trobe St, Melbourne, Victoria 3000
 AND, if in NZ, to
 National Office, RANZCP
 Fax: (04)-4727246; P.O.Box 10669 The Terrace, Wellington**