



RANZCP ID:	
Surname:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

Fellows undertaking the Certificate of Advanced Training in the Psychotherapies, please list the WBAs completed for this EPA and submit this COE form directly to the College: training@ranzcp.org

ST3-PSY-FELL-EPA1 – Supervision and co-management (COE form)										
Area of practice	Psychotherapies			EPA identification	ST3-PSY-FELL-EPA1					
Stage of training	Stage 3 – Advanced			Version	v0.5 (EC-approved 10/04/15)					
Title	Foundational use of supervision and co-management approaches in psychotherapy.									
Description	The trainee should be able to establish a treatment frame that involves the establishment and appropriate use of supervision of the psychotherapeutic treatment and appropriate liaison with other treatment providers which may include the patient's general practitioner, another psychiatrist or other practitioners who may also be medication prescribers or referrers for the psychotherapy. In doing this, the trainee adopts the appropriate use of materials for supervision related to the chosen modality of psychotherapy (process notes, recordings, ratings, homework, etc.) to facilitate improving reflective psychotherapy practice through supervision. The trainee also adopts appropriate methods of communication and liaison with other treatment providers (oral, written, etc.), demonstrating an ability to communicate effectively about psychotherapy processes and issues with an awareness of the need to balance confidentiality and privacy of the treatment relationship against the requirement to report and liaise.									
List WBAs completed	CbD		Mini-CEX		OCA		PP		DOPS	

This document satisfies RANZCP training requirements only as outlined in the RANZCP Fellowship Regulations 2012 and is not intended for any other purpose. Any queries regarding its purpose and/or use should be directed to the Education department at the College

ENTRUSTING SUPERVISOR DECLARATION

In my opinion, this trainee can be trusted to perform the activity described with only distant (reactive) supervision. I am confident the trainee knows when to ask for additional help and will seek assistance in a timely manner. The trainee has completed three related WBAs in preparation for this activity.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

PRINCIPAL SUPERVISOR DECLARATION (if different from above)

I have checked the details provided by the entrusting supervisor and verify they are correct.

Supervisor Name (print)

Supervisor RANZCP ID: Signature Date

TRAINEE DECLARATION

I have completed three related WBAs in preparation for this activity. I acknowledge that this is a RANZCP training document only and cannot be used for any other purpose.

Trainee name (print) Signature Date

DIRECTOR OF (ADVANCED) TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of (Advanced) Training name (print)

Director of (Advanced) Training RANZCP ID: Signature Date