

## Stage 3 Psychotherapy sessions form

- One form per patient to be submitted by trainees completing Stage 3 of the 2012 Fellowship Program.
- Trainees in the **CAP, POA** or **Psychotherapy Certificate** program should use the relevant Certificate psychotherapy form and the Fellowship credit will be awarded.
- However, trainees in the **Adult Certificate** program are required to complete both the Fellowship and the Adult Certificate Psychotherapy requirements.

This form may be attached to the end-of-rotation In-Training Assessment (ITA) form or may be submitted when complete directly to the College's training team. **Email:** [training@ranzcp.org](mailto:training@ranzcp.org); **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Trainees must provide psychotherapy sessions to a minimum of three patients for at least six sessions each during Stage 3 training.

The patients must be different to the patients involved in the Psychotherapy Written Case or any WBAs leading to the entrustment of any psychotherapy EPAs.

For the detailed requirements, please refer to the [Stage 3 Mandatory Requirements Policy](#).

Trainee name	RANZCP ID
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The therapy sessions should focus on an established psychotherapy treatment approach for an acceptable treatment indication, as well as involving all of the phases of therapy including: assessment and formulation, contracting and establishment of the treatment frame, review of progress and working towards termination.

### PATIENT DETAILS

Patient number	1 2 3	Psychotherapy modality
Indication		
Gender	Number of sessions held	
Age	Date of last session	

### TRAINEE DECLARATION

*I confirm that the above is a true reflection of the case and therapy sessions I have undertaken with the aforementioned patient.*

Trainee signature	Date
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### SUPERVISOR DECLARATION

*I verify that the information completed on this form is an accurate reflection of the trainee's case and therapy sessions.*

Supervisor name	RANZCP ID
Supervisor signature	Date
Director of (Advanced) Training name	RANZCP ID
Director of (Advanced) Training signature	Date