

# Commencement of Targeted Learning Form

To be submitted by trainees commencing targeted learning under the Fellowship Regulations 2012

Please submit completed form to the College 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.

For more information on targeted learning and issues relating to centrally administered assessment eligibility, please refer to the [Targeted Learning Policy and Procedure](#).

Trainee name

RANZCP ID

## TARGETED LEARNING DETAILS

Commencement date

FTE status

Expected completion date

Reason

- Rotation-based targeted learning** (*min. 3 months FTE in duration*)  
failure to successfully complete a rotation, including non-submission of the end-of-rotation In-Training Assessment (ITA) form within the time required
- Progression-based targeted learning**  
failure to pass a summative assessment by the stated deadline as per the Progression through Training Policy (*select assessment*)
- Assessment-based targeted learning**  
two consecutive failures of the same summative assessment (*select assessment*)
- Ethical breach**

Assessment

- MCQ Exam
- Essay-style Exam
- OSCE
- Psychotherapy Written Case
- Scholarly Project

Progression-based and assessment-based targeted learning will be considered complete upon passing of the assessment.

## TRAINEE DECLARATION

I am undertaking targeted learning in accordance with the Fellowship Regulations 2012.

I participated in the design of the targeted learning plan with my Director of Training and relevant supervisor(s)/appropriately designated person(s) and I have agreed to the details specified in the plan and retained a written copy.

I understand the information on this form will be noted on my RANZCP Training Record.

Trainee signature

Date

## **SUPERVISOR(S) SIGNATURE (if applicable)**

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I declare that a targeted learning plan appropriate to the trainee's needs has been jointly designed by the trainee, Director of training, appropriate designated person(s) and myself.

I acknowledge that this document and the targeted learning plan form part of the trainee's RANZCP Training Record and are not employment documents and that their use must comply with the RANZCP Privacy Policy.

Supervisor 1 name

Supervisor 1 ID

Supervisor 1 signature

Date

Supervisor 2 name

Supervisor 2 ID

Supervisor 2 signature

Date

## **DIRECTOR OF TRAINING (DOT) DECLARATION**

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I declare that a targeted learning plan appropriate to the trainee's needs has been jointly designed by the trainee, relevant supervisor(s)/appropriate designated person(s) and myself.

The plan includes:

- actions to be taken and by whom
- agreed clear achievable goals aimed at improving the trainee's progress
- an agreed specified time-frame within which these goals are to be achieved
- agreed review date(s) of approximately every 3 months and prior to any related assessment submission or application
- an anticipated or goal completion date
- an agreed means of determining that specified goals have been met (if applicable).

Written copies of the targeted learning plan have been provided to the relevant supervisor(s)/appropriately designated person(s) and the trainee.

I acknowledge that this document and the targeted learning plan form part of the trainee's RANZCP Training Record and are not employment documents and that their use must comply with the RANZCP Privacy Policy.

DOT name

DOT ID

DOT signature

Date