



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](mailto:training@ranzcp.org)

<b>ST3-PSY-AOP-EPA8 – Psychotherapy introductory supervisory skills (COE)</b>			
<b>Area of practice</b>	Psychotherapies	<b>EPA identification</b>	ST3-PSY-AOP-EPA8
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Introductory training in supervisory skills in psychotherapy.</b>		
<b>Description</b>	The trainee should be able to supervise aspects of a chosen modality of psychotherapy undertaken by a psychiatry trainee (Stage 1 or 2) or allied health professional at a basic level, paying attention to the assessment and formulation of the case, the establishment of a treatment frame and contract and monitoring of the progress and processes of the case and any complications that may arise. At this introductory level, it is expected that the certificate trainee will have engaged in formal educational workshops or seminars around psychotherapy supervision while concurrently using supervision with their own supervisor.		
<b>List WBAs completed</b>	<b>CbD</b>	<b>Mini-CEX</b>	<b>OCA</b>
			<b>PP</b>
			<b>DOPS</b>

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 .....