

## Youth Psychiatry Psychotherapy form

One form per patient to be submitted by trainees/Fellows completing a Certificate of Advanced Training in Youth Psychiatry.

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: [traininghelp@ranzcp.org](mailto:traininghelp@ranzcp.org)

Trainees/Fellows must provide psychotherapy sessions to four young people (12-25 years) for at least six sessions each.

Completion of all four cases will fulfil the Fellowship Stage 3 psychotherapy requirement.

### PATIENT DETAILS

Patient  
number



Psychotherapy modality

### TRAINEE DECLARATION

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

### SUPERVISOR DECLARATION

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

### DIRECTOR OF ADVANCED TRAINING CONFIRMATION