PSYCHOTHERAPY SUPERVISOR DECLARATION

I certify that:

- I supervised the trainee's clinical care of the patient described in this case report‡
- I engaged in three formative psychotherapy case discussions with the trainee about the patient described in this case report during the course of the psychotherapy§
- To the best of my knowledge this Psychotherapy Written Case accurately reflects the presentation of the patient and the management as carried out by the trainee
- I have read the case report and to the best of my knowledge this Psychotherapy Written Case is the trainee's own work
- I have viewed related written communication (e.g. discharge summaries) and confirm they are satisfactory as professional communication.

‡If the psychotherapy supervisor is not a psychiatrist, the RANZCP-accredited psychiatrist supervisor (who supervised the patient's clinical care) must also sign below.

§Trainees who receive an exemption from the 40-session therapy requirement due to Recognition of Prior Learning (RPL) but who do not receive RPL for the written case report are automatically exempted from the requirement to complete three formative psychotherapy case discussions.

I also confirm that the patient has signed the prescribed consent form for his/her de-identified case notes and other medical files/related material to be used as a basis for this Psychotherapy Written Case.

Psychotherapy supervisor' name ……

RANZCP ID (*if applicable)* ……

Signature …… Date……..

Positions/title, organization ……

Mobile phone ……

Email address ……

Psychiatrist supervisor's name ……

RANZCP ID (*if applicable)* ……

Signature …… Date……