

Individual dynamic psychotherapies – short case summary form

To be submitted by trainees/Fellows completing the Certificate of Advanced Training in the Psychotherapies.

Please submit this form when complete to the College training team. **Email:** training@ranzcp.org;
fax: +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Trainee name

RANZCP ID

Trainees/Fellows are required to complete **8 cases** of at least five sessions each.

The cases should be in at least two of the following modalities:

- cognitive-behavioural therapy (CBT)
- application of family/systems therapy
- focal/short-term psychotherapy
- group psychotherapy.

Typed de-identified brief vignettes are required at the conclusion of each case addressing the following:

- formulation
- therapeutic alliance
- progress
- termination.

If three of the eight required short cases are complete and submitted, then the Stage 3 Fellowship psychotherapy requirement is considered met.

For the detailed requirements, please refer to the individual dynamic psychotherapies section of the [Certificate of Advanced Training in the Psychotherapies](#) web page.

CASE DETAILS

Gender

Age

Category

Case completion date

Diagnosis

Number of sessions

Vignette

Supervisor name

RANZCP ID

Supervisor signature

Date

CASE DETAILS

Gender		Age	
Category		Case completion date	
Diagnosis		Number of sessions	
Vignette			
Supervisor name		RANZCP ID	
Supervisor signature		Date	

INFANT OR TODDLER OBSERVATION

This statement only needs to be completed once in the duration of the Certificate program.

I confirm that I have completed 20 hours of infant or toddler observation with at least 10 hours of individual or group supervision.	Yes <input type="checkbox"/>
--------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------

Trainee signature		Date	
DOAT signature		Date	RANZCP ID