

Psychiatry of Old Age psychotherapy form

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

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:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Trainees/Fellows must provide psychotherapy sessions to three older persons (> 65 years old) for at least six sessions each.

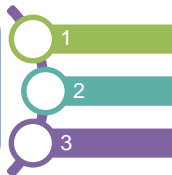
Completion of all three cases will fulfil the Fellowship Stage 3 psychotherapy requirement.

Trainee name

RANZCP ID

PATIENT DETAILS

Patient
number



Psychotherapy modality

Indication

Gender

Number of sessions held

Age

Date of last session

TRAINEE DECLARATION

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

Trainee signature

Date

SUPERVISOR DECLARATION

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

Supervisor name

RANZCP ID

Supervisor signature

Date

DIRECTOR OF ADVANCED TRAINING CONFIRMATION

Director of Advanced
Training name

RANZCP ID

Director of Advanced
Training signature

Date