



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-EPA9 – Presentation skills</b>			
<b>Area of practice</b>	Psychotherapies	<b>EPA identification</b>	ST3-PSY-AOP-EPA9
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.5 (EC-approved 10/04/15)
<b>Title</b>	<b>Advanced presentation skills in psychotherapy.</b>		
<b>Description</b>	The trainee should be able to present aspects of psychotherapy in a chosen modality in a broader learning or professional development forum such as in group supervision or peer group activities, paying attention to the assessment and formulation of a 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. The presentation could involve a discussion of related theoretical, technical, research or cultural issues linked to a case or set of cases.		
<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 .....