



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

ST3-PSY-AOP-EPA10 – Formal research (COE form)										
Area of practice	Psychotherapies			EPA identification	ST3-PSY-AOP-EPA10					
Stage of training	Stage 3 – Advanced			Version	v0.5 (EC-approved 10/04/15)					
Title	Formal research in psychotherapy.									
Description	The trainee will engage or participate in a research activity related to their chosen modality of psychotherapy. This activity will involve psychotherapy-related research (theoretical, qualitative or quantitative) and lead to the preparation of a report suitable for publication in a peer-reviewed journal or a written or oral presentation at a psychotherapy conference. Trainees are encouraged to submit their reports for publication or presentation.									
List WBAs completed	CbD		Mini-CEX		OCA		PP		DOPS	

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