Office use only Date received:	Office use only	Date received:
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Chrome and Firefox users: please download form and open in Adobe Reader to access all fillable form field function





Commencement of Targeted Learning Form

To be submitted by trainees commencing targeted learning under the Fellowship Regulations 2012

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

For more information on targeted learning and issues relating to centrally administered assessment eligibility, please refer to the <u>Targeted Learning Policy and Procedure</u>.

Trainee name	RANZCP ID				
TARGETED LEARNING DETAILS					
Commencement date	FTE status				
Expected completion date					
Reason	Assessment				
Rotation-based targeted learning (min. 3 months FTE in duration) failure to successfully complete a rotation, including	MCQ Exam				
non-submission of the end-of-rotation In-Training Assessment (ITA) form within the time required	Modified Essay Question Exam				
Progression-based targeted learning failure to pass a summative assessment by the stated	Critical Essay Question Exam				
deadline as per the Progression through Training Policy (select assessment)	OSCE				
Assessment-based targeted learning two consecutive failures of the same summative assessment (select assessment)	Psychotherapy Written Case				
Ethical breach	Scholarly Project				
Progression-based and assessment-based targeted learning will be considered complete upon passing of the assessment.					
TRAINEE DECLARATION					
I am undertaking targeted learning in accordance with the Fellowshi	p Regulations 2012.				
I participated in the design of the targeted learning plan with my Dire supervisor(s)/appropriately designated person(s) and I have agreed retained a written copy.	ector of Training and relevant				
I understand the information on this form will be noted on my RANZO	CP Training Record.				
Trainee signature	Date				

SUPERVISOR(S) SIGNATURE (if applicable)

I declare that a targeted learning plan appropriate to the trainee's needs has been jointly designed by the trainee, Director of training, appropriate designated person(s) and myself.

I acknowledge that this document and the targeted learning plan form part of the trainee's RANZCP Training Record and are not employment documents and that their use must comply with the RANZCP Privacy Policy.

Supervisor 1 name	Supervisor 1 ID
Supervisor 1 signature	Date
Supervisor 2 name	Supervisor 2 ID
Supervisor 2 signature	Date

DIRECTOR OF TRAINING (DOT) DECLARATION

I declare that a targeted learning plan appropriate to the trainee's needs has been jointly designed by the trainee, relevant supervisor(s)/appropriate designated person(s) and myself.

The plan includes:

- actions to be taken and by whom
- agreed clear achievable goals aimed at improving the trainee's progress
- an agreed specified time-frame within which these goals are to be achieved
- agreed review date(s) of approximately every 3 months and prior to any related assessment submission or application
- an anticipated or goal completion date
- an agreed means of determining that specified goals have been met (if applicable).

Written copies of the targeted learning plan have been provided to the relevant supervisor(s)/appropriately designated person(s) and the trainee.

I acknowledge that this document and the targeted learning plan form part of the trainee's RANZCP Training Record and are not employment documents and that their use must comply with the RANZCP Privacy Policy.

DOT name	DOT ID	
DOT signature	Date	