



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-FELL-EPA4 – Research skills in psychotherapy (COE form)										
Area of practice	Psychotherapies			EPA identification	ST3-PSY-FELL-EPA4					
Stage of training	Stage 3 – Advanced			Version	v0.5 (EC-approved 10/04/15)					
Title	Research skills in psychotherapy.									
Description	The trainee should be able to engage or participate in a research activity related to their chosen modality of psychotherapy. This activity should be based on a literature search on empirical research or theoretical topics. This information could be integrated into supervision around case work or alternatively, it may be used to plan qualitative or quantitative research, with submission of the review and the plan. (It is not necessary to actually carry out the research to meet this EPA.)									
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