

Adult psychiatry structured psychotherapy form

One form per patient to be submitted by trainees/Fellows completing the Certificate of Advanced Training in Adult Psychiatry.

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 structured psychotherapy treatment to at least four adults with a mental health disorder to completion.

The patients treated must be different patients to those the trainee has seen for the Psychotherapy Written Case, the Stage 3 Fellowship psychotherapy requirements or any psychotherapy-related EPAs.

The structured psychotherapy requirement is **in addition** to the Stage 3 Fellowship psychotherapy requirement.

Trainee name	<input type="text"/>	RANZCP ID	<input type="text"/>
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PATIENT DETAILS

Patient number	<input type="radio"/>	1	
	<input type="radio"/>	2	
	<input type="radio"/>	3	
	<input type="radio"/>	4	
		Therapy category	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
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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	<input type="text"/>	RANZCP ID	<input type="text"/>
Supervisor signature	<input type="text"/>	Date	<input type="text"/>

DIRECTOR OF ADVANCED TRAINING CONFIRMATION

Director of Advanced Training name	<input type="text"/>	RANZCP ID	<input type="text"/>
Director of Advanced Training signature	<input type="text"/>	Date	<input type="text"/>