



**APPLICATION FOR SELECTION AS A PRINCIPAL SUPERVISOR
OF RANZCP ACCREDITED TRAINEES**

Name:		Training Program: AUCKLAND	
Address:			Phone:
Qualifications:		Email:	
<p>Please circle any areas in which you feel you have particular skills and training which could benefit College trainees:</p> <p>ECT, Addiction Psychiatry, Psychotherapies - type....., Child & adolescent, Consultation-liaison, Forensics, Psychiatry of Old Age, Acute Adult Psychiatry, Rehabilitation, Other:</p>			
<p>Advanced Training Area to be Supervised (if likely to supervise Advanced Trainees) Tick relevant area:</p>			
Addiction Psychiatry	<input type="checkbox"/> AT-ADD	Forensic Psychiatry	<input type="checkbox"/> AT-FP
Adult Psychiatry	<input type="checkbox"/> AT-AP	Psychiatry of Old Age	<input type="checkbox"/> AT-POA
Child and Adolescent	<input type="checkbox"/> AT-C&A	Psychotherapies	<input type="checkbox"/> AT-PSY
Consultation-Liaison	<input type="checkbox"/> AT-CL		

Note: if the applicant is not an RANZCP fellow, an additional approval process is needed for accreditation. Contact the Director of Training as below, for information.

Declaration:

I,.....have completed an RANZCP-approved program of supervisor training: **YES / NO**.
As an RANZCP-approved supervisor I hereby agree to abide by the requirements of the RANZCP Training and Assessment Regulations and relevant curricula, and the RANZCP Code of Ethics. In particular I agree to abide by the expectations of a supervisor as stated below. I understand that information about performance as a supervisor will be available to the Coordinator/Director of Training and the Branch Training Committee or local Advanced Training Committee.

Signature:

Date:

A supervisor shall be able to:

- Demonstrate familiarity with the RANZCP Training and Assessment Regulations, relevant Curricula and the RANZCP Code of Ethics
- Demonstrate the ability to be interested and supportive to the trainee
- Demonstrate a commitment to satisfy the educational aims and objectives for the training rotation and to monitor that the content of supervision is appropriate to the trainee
- Demonstrate the ability to encourage and facilitate a trainee's professional development by reflecting constructively upon the work presented in supervision
- Demonstrate a commitment to supervision by satisfactory attendance, and suitable availability outside supervision
- Demonstrate the ability to identify problems that may arise in supervision in terms of structural issues, content issues and interpersonal issues
- Demonstrate the ability to propose approaches to the problems that may arise in supervision.

Once completed, forward this form to your local Director of Training Dr F. Plunkett, at: Fax: 638-0344 Address: 6th floor Bldg 14, Greenlane Clinical Centre, Pvt Bag 92189 Greenlane, Auckland for consideration by the Regional Training Committee.