



*Participants in the SPRP should identify their learning goals and discuss with their educational supervisor. This form should then be completed and signed by both the SPRP participant and the educational supervisor, and submitted to the RANZCP CPD office before commencement of the program.*

<b>Name of SPRP participant:</b>	<b>Name of educational supervisor:</b>
<b>Participant RANZCP ID:</b>	

## PURPOSE

*The purpose of the educational relationship is:*

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## EXPECTATIONS

*Our shared expectations of the educational supervisor are:*

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*Our shared expectations of the SPRP participant are:*

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## PARTNERSHIP COMMUNICATIONS

*We plan to use the following methods to undertake our educational activities (communication methods, frequency of communication, location and duration):*

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## PARTNERSHIP CONFIDENTIALITY and BOUNDARIES OF DISCUSSION

We understand that confidentiality and boundaries are important in our educational relationship. As such, our shared expectations with respect to confidentiality of information shared and boundaries of discussion are:

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## LEARNING GOALS

Our educational partnership will assist the SPRP participant to achieve the following goals to support their remedial requirements and further professional development activities:

TOPIC	Review date	Target date

## ACTION PLAN

We agree to the following key action points to assist the SPRP participant in achieving the identified goals:

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**STATEMENT BY SPRP PARTICIPANT AND EDUCATIONAL SUPERVISOR:**

Please acknowledge that you have also discussed the following:

- We have discussed the possible challenges to our educational relationship and how we can prevent or manage these challenges.
- We have discussed any limits or constraints that will affect our interactions and how we can handle these.
- We confirm that we have a communication schedule in place.
- We confirm that we have agreed to an initial commencement and completion date including goal milestones and reporting updates to RANZCP CPD.
- We will treat information collected with appropriate confidentiality as per the SRP and Privacy Policies.
- We have scheduled the following quarterly reporting dates whereby the supervisor will update the RANZCP on progress through the program as per the Policy:

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

<b>SPRP participant:</b>		
Name:	Signature:	Date:
<b>Educational supervisor:</b>		
Name:	Signature:	Date:

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