12 OFFICIAL DOCUMENTATION

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12.4.1 TA 101 Verification Form
12.4.2 TA 101 Instructor Endorsement Form

Section 6: Training Contracts
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12.7.5 Acknowledgement of Documents Received Checklist
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12.7.8 Letter to the Evaluator of the CTA Written Examination
12.7.9 The Written Examination Scoring Scale
12.7.10 Letter to be sent with Evaluation(s) of CTA Written Examination
12.7.11 TA Counselling Scoring Sheet
12.7.12 TA Educational Scoring Sheet
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12.7.15 Examiner Evaluation Form

Section 8: The CTA Written Examination (See 12.7)

Section 9: The CTA Oral Examination
12.9.1 Application to Appeal Form (See also 12.7)
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
CERTIFIED TRANSACTIONAL ANALYST TRAINING CONTRACT

A. GENERAL INFORMATION Contracts should be filled out completely. Type or write clearly in English (or attach a translation). UK members: see Appendix 2 ITA Supplementary pages for procedures. Incomplete contracts will be returned to the trainee. Complete contracts will be sent off by the ITA Administrator for endorsement. The contract is valid only when returned to the candidate stamped with the endorsement of EATA’s Professional Training & Standards Committee (allow about 4 to 6 weeks for processing).

B. COMMITMENT OF THE TRAINEE

1. I am a member of EATA and I will renew my membership annually for the duration of this contract.
2. I have reviewed and agree to honour the Code of Ethics and to follow the Professional Practice Guidelines of EATA.
3. I have read and understand the EATA Training and Examination Handbook as it relates to CTA training.
4. I plan to be examined and certified as a Transactional Analyst with the following speciality (tick one): Counselling ____ Educational ____ Organisational ____ Psychotherapy ____
5. I have made an agreement with the undersigned supervisor who will provide supervision and guidance in line with EATA requirements.
6. I understand that this contract expires 5 years after the date of endorsement by EATA.
7. If my field of Specialty differs from my supervisor’s, I attach the required Exception or Expansion and the associated training plan. These documents are part of this contract. The date these exceptions or expansions were granted by EATA was:______________

Trainee accepts on (date): _______________ Signature: ________________________________________________

(Please print legibly) Last + First Name: ______________________________________________________________
Address: ___________________________________________ National association: ___________
Postal code + city: _______________________________________ Country: ___________________
C. COMMITMENT OF THE PRINCIPAL SUPERVISOR

1. I am a (tick one): Teaching and Supervising Transactional Analyst (TSTA) ____ Provisional TSTA ____ in the following field(s)(tick): Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

2. I am a member of EATA and agree to train the above mentioned trainee according to the guidelines and standards of EATA. I have read and understand the EATA Training and Examination Handbook as it relates to CTA training.

3. I am aware of my responsibility to keep myself up to date with any changes related to EATA standards or procedures concerning training and certification of CTA candidates.

4. If my field of specialty differs from the trainee’s, I am enclosing my Exception or Expansion document(s). The date these exceptions or expansions were granted by EATA was: ____________.

Principal Supervisor accepts on (date): _______________ Signature: ________________________

(Please print legibly) Last + First Name: ________________________________________________

Address: _____________________________________________National association: __________

Postal code + city: ____________________________________ Country:_____________________

D. COMMITMENT OF THE TSTA SUPERVISOR (if applicable)

1. I am a Teaching and Supervising Transactional Analyst (TSTA) with a specialisation in the following field(s) (tick): Counselling ___ Educational ___ Organisational ___ Psychotherapy ___

2. I am a member of EATA and as Principal Supervisor of the above named PT/STA Supervisor, I am aware of this training contract and I agree to assist the trainee in the event that a new Principal Supervisor needs to be found.

TSTA Principal Supervisor accepts on (date): _______________ Signature: __________________

Name (print): _____________________________________National Association: _____________

E. TRAINING PLANS AND COSTS

Attach to this contract on a separate sheet or at the end of this form a description of plans for training and an estimate of the overall cost of further training.

F. EATA’S SERVICES AND ENDORSEMENT

1. EATA will place the trainee on its list of members in training and inform ITAA.
2. EATA will notify the trainee of any change in the membership status of the Principal Supervisor.
3. EATA will notify the local TA association of the trainee of any change in the status of this contract.
4. The contract is valid only when returned to the candidate stamped with the endorsement of EATA’s Professional Training & Standards Committee (allow about 4 to 5 weeks for processing).

EATA endorses on (date)
Stamp and Signature:
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
CHANGE OF PRINCIPAL SUPERVISOR

Please fill out and send 3 COPIES of this form plus 1 COPY of your original CONTRACT to the ITA Administrator (see Appendix 2 ITA Supplementary pages for more information). EATA will register the change and return one stamped copy of the form to each party and the national association. Allow about one month for processing.

We, the trainee, the former Principal Supervisor and the new Principal Supervisor hereby inform the EATA PTSC of the following change of Principal Supervisor. We have enclosed a copy of the original contract and, if necessary, the Exception or Expansion document. We have signed and dated this form.

Print legibly or type: These are your mailing labels!

**TRAINEE:**
FULL NAME
ADDRESS
CODE + TOWN
COUNTRY
Trainee’s Signature:

**FORMER PRINCIPAL SUPERVISOR:**
FULL NAME
ADDRESS
CODE + TOWN
COUNTRY
Former Principal Supervisor’s Signature:

**NEW PRINCIPAL SUPERVISOR:**
FULL NAME
ADDRESS
CODE + TOWN
COUNTRY

Please tick one or the other statement:

- - I am a TSTA or a PTSTA in the same field of application as the original contract
- - I am a TSTA or a PTSTA in a different field of application and I have enclosed my Exception or my Expansion document and associated training plan. The date this was endorsed by EATA was:

New Principal Supervisor’s Signature: __________________________ DATE: __________

TSTA Principal Supervisor’s Signature (if PTSTA above): __________________________ DATE: __________

**EATA:** The above change in Principal Supervisor was endorsed by EATA’s PTSC (stamp):

12.6.3 Change in Principal Supervisor

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
EXCEPTIONS DOCUMENTATION CHECK LIST

Please complete this form and return it with the required documentation to:
Marco Mazzetti
Centro di Psicologia e AT
Via Archimede 127
20129 Milano,
Italy

Please print clearly

Candidate’s name: ______________________________________________

Candidate’s address: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone: Home ______________________ Work ______________________

Email: _______________________________________________________________

I enclose (please tick):

☐ Application from the trainee

☐ Application from the trainer (specifying how many exceptions are active in the field).

☐ Training Plan for the trainee

☐ Trainer's verification of competency or previous exception obtained for the same field.

☐ Second Trainer’s Agreement

☐ Endorsement by TSTA (or if necessary PTSTA) in the new field

12.6.4 Exceptions Documentation Check List

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

EXPANSIONS DOCUMENTATION CHECK LIST

Please complete this form and return it with the required documentation to:
Marco Mazzetti
Centro di Psicologia e AT
Via Archimede 127
20129 Milano,
Italy

Please print clearly

Candidate’s name: _____________________________________________

Candidate’s address: ___________________________________________

___________________________________________________________________________

___________________________________________________________________________

Telephone: Home ______________________ Work ______________________

Email: _______________________________________________________________

I enclose (please tick):

☐ An application for an Expansion

☐ A written statement, including Professional Self-portrayal and Description of Professional Experience as a trainer and/or supervisor in the expanded field.

☐ A letter of support from a TSTA in the expanded field

☐ A photocopy of my Certification as a TSTA or of my TSTA Contract

☐ Either photocopies of certificates of 2 people who have passed their CTA examination for whom I was the primary supervisor OR a copy of my Oral Exam Certification in the new field

☐ A photocopy of the Registration Fee

12.6.5 Expansions Documentation Check List

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
PRINCIPAL SUPERVISOR’S ENDORSEMENT OF CTA WRITTEN EXAMINATION

Please have your Principal Supervisor complete this form and return it to:
Cathy McQuaid,
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Please print clearly:

Candidate’s name: _______________________________________________________
Principal Supervisor’s name: _____________________________________________
Principal Supervisor’s address: ___________________________________________
_______________________________________________________________________
_______________________________________ Telephone: ______________________
Field of application (tick): Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

The candidate’s contract was endorsed by EATA on (date):
As Principal Supervisor I have supervised and read this candidate’s written examination for CTA. Any comments that the supervisor wishes to make on the written examination should also be submitted at this time.
I confirm that the written study gives a true portrayal of my candidate’s practice and I judge the examination to be of a passing standard.
Principal Supervisor’s Signature: ____________________________ Date: ________

In the space below, please list the names of any other persons who have either read or supervised this candidate’s written examination and should therefore be excluded as a marker:
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

CANDIDATE’S SUBMISSION OF THE CTA WRITTEN EXAMINATION

Please complete this form and return it to:
Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Please print clearly

Candidate’s name: ____________________________________________________________

Candidate’s address: _______________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________

Telephone: Home ___________________________ Work ___________________________

Email: _____________________________________________________________________

Please enter details of where you intend taking the CTA Oral Exam:

Place _____________________________________________ On date: _________________

Field of application (tick):

Counselling _____ Educational _____ Organisational _____ Psychotherapy _____

Case Study Client Group (tick): Adult _________________ Child ________________

Date your contract was endorsed by EATA:

Please send this form to the Language Group Coordinator along with the following documentation:

Please tick each:

☐ 1. Principal Supervisor’s Endorsement of the Written Examination.

☐ 2. A copy of your endorsed EATA contract and all documentation associated with it such as exceptions, expansions and associated training plans.

☐ 3. The appropriate exam fee.

☐ 4. Two securely bound and packaged Written Examinations.

If any of the documentation is missing your examination will not be processed.
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

PRINCIPAL SUPERVISOR’S ENDORSEMENT OF CANDIDATE TO CTA ORAL EXAMINATION

Please have your Principal Supervisor complete this form and return it to:

Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Three clear months prior to the date you intend to take your oral examination.

Note for the candidate: keep a completed copy for your personal file.

Please print clearly:

Candidate’s name: ____________________________________________________________

Principal Supervisor’s name: __________________________________________________

Principal Supervisor’s address: __________________________________________________

_________________________________________ Telephone:__________________________

Field of application (tick): Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

As Principal Supervisor (tick one):

____ I provided training and supervision for the duration of the contract endorsed by EATA on:

____ I assumed responsibility on (date): _____________ subsequent to a transfer from a prior Principal Supervisor (name): _______________________________. This transfer was notified to

ITAA/EATA and endorsed on (date): __________

This candidate has completed:

____ total hours advanced TA training

____ total hours TA supervision

____ hours of supervision provided by me

____ total hours in practical TA experience (provided by candidate)

As a result of my personal observation and evaluation I believe this candidate to be competent as a practitioner of transactional analysis in the chosen field. I would not hesitate to recommend others to the candidate, since I believe her/him to be an ethical and responsible professional.

My more personal and detailed evaluation is in a separate letter of endorsement, together with my personal comments on the candidate’s written examination (Principal Supervisor’s please note that the deadline for this personal letter of endorsement and your comments on the written examination is three clear months prior to the examination date.

Signature: __________________________________________ Date: ___________________

12.7.3 Principal Supervisor’s Endorsement for CTA Oral Exam May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

NOTICE OF INTENTION TO TAKE CTA ORAL EXAMINATION

Complete and return this form to your Language Group Co-ordinator:

_**Cathy McQuaid**_

_74 Boxwell Park,_

_Bodmin,_

_Cornwall,_

_PL31 2BE_


3 clear months prior to the date of your oral examination.

**NB: Keep a copy for your personal file.**

Please print clearly:

Name: ______________________________________________________________________

Address: ____________________________________________________________________

____________________________________________________________________________

Telephone: ___________________________________________________________________

I have met all requirements stated by COC for oral examination and I declare my intention to take a

CTA oral examination at Place: ___________________________ Date: ______________

Specialty (tick): Counselling _____ Educational _____ Organisational _____ Psychotherapy _____

Re-sit: Yes / No

Name and address of your Principal Supervisor: _______________________________________

____________________________________________________________________________

Telephone: _________________

My training contract has been endorsed by ITAA/EATA on (date):

If you were granted exceptions, changes in contract or Principal Supervisor, or other, please
provide all the details including the dates agreed by EATA on a separate sheet.

My written examination was approved on (date):

(Do not delay in sending this form if you have not received your written examination evaluation.
The Examination Co-ordinator will complete this for you if necessary)

I will include in the file I will submit at the oral examination itself:

• A list of all training and supervision (TA and non-TA) I have received in my field of application
  (hours, dates, trainers/supervisors, subject).

• A professional resume with a detailed list of the hours and format (group, individual, co-leading
etc) of my professional TA practice in my field of application.

• A copy of my endorsed EATA training contract including the documentation regarding
  exceptions and expansions and their associated training plans.

Signature: ____________________________________ Date: _______________

---

12.7.4 Notice of Intention to take Oral Exam

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
ACKNOWLEDGMENT OF ITEMS RECEIVED FOR CTA EXAMINATION
Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

To:
Date:

Dear TA colleague
I have received your:
___ CTA Written Examination
___ Payment
___ Principal Supervisor’s Endorsement of CTA Written Examination Form
___ Notice of Intention to take CTA Oral Examination Form
___ Principal Supervisor’s Endorsement of the Candidate to CTA Oral Examination Form
___ Letter of personal endorsement from your Principal Supervisor
___ A copy of your endorsed EATA training contract and associated documents.
___ Application form for CTA Oral Examination

Your Written Examination is being marked. You may expect to receive your Assessment within approximately six to eight weeks. Your identity will be anonymous although the Evaluator will sign your Assessment so you will know who he or she is.
I enclose:
___ Receipt
___ Checklists of instructions for oral examination
___ Notice of Intention to take CTA Oral Examination Form
___ Application form for CTA Oral Examination
___ Principal Supervisor’s Endorsement of the Candidate to CTA Oral Examination Form
___ Other – UKCP Requirements form

Please make and keep a copy of every document for your personal file.

Please take responsibility for checking with your Principal Supervisor as you proceed in case of any changes in requirements.

All good wishes for your success.

Yours sincerely

Language Group Co-ordinator

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

PROCEDURES FOR TAKING CTA ORAL EXAMINATION

1. Notice of Intention of the candidate to take the CTA Oral Examination and Principal Supervisor’s Endorsement of the Candidate to Oral Examination to be received by the Language Coordinator 3 clear months prior to the date of the exam.

Note: The Notice of Intention to take the CTA Oral Examination gives all the basic information about the candidate’s intention to take the oral examination at a specific time and place, and which type of examination is intended, e.g. counselling/organizational etc. This form constitutes the candidate’s commitment to take oral.

The Principal Supervisor’s Endorsement of the Candidate to Oral Examination is a formal statement signed by the Principal Supervisor that the candidate has completed the training/supervision/practice hours.

2. Principal Supervisor’s Personal Letter of Recommendation of the candidate as being ready for CTA examination and certification. This letter may take the form of the Principal Supervisor’s own choosing and further remarks about the written examination may be included here. To be received by the Language Coordinator 3 clear months prior to the date of the exam.

3 Notice of Withdrawal from Oral Examination. If a candidate intends to withdraw from oral examination, notification in writing should be received by the Language Coordinator 3 clear months prior to the date of the exam.

Attention: if a candidate withdraws for any reason other than deferral on the written examination, the candidate must inform the Language Coordinator at least two months ahead of the oral date, otherwise the oral exam fee will not be transferred to a later oral examination date. Note: in practice, a phone call to meet the withdrawal deadline is acceptable followed immediately by a written note.

4. Application Form for the Oral Examination to be received by the Language Coordinator one clear month prior to the date of the exams.

Note: Application Form for the Oral Examination gives the final statement from the candidate of name and address, type of examination requested, names of board members refused (e.g. through bias, familiarity, previous examination, recent supervision) together with details of examination language and use of translation where needed. Candidates must also write on this form the exact name and title they wish to have printed on their certificate (please type or write it very clearly). This form is used to make the final list of oral examination candidates and therefore it is very important that it is received in time and that it is written clearly.

5. On receipt of the oral application form, having checked that the administrative documentation has been completed correctly, the Language Co-ordinator will issue the candidate with a Completion of Registration Certificate. The candidate must take this to the oral examination site, where it will be collected by the Examination Supervisor. See also the separate instructions sheet regarding ‘Procedures for Oral Examination on Site’.

12.7.6 – a, Application for CTA Oral Examination  May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
APPLICATION FOR CTA ORAL EXAMINATION

Return this form to:
Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

not less than one month prior to date of oral examination (and only when you know you have
passed your written examination).
Send a copy to the Language Co-ordinator and keep a copy for your personal file.

Full Name (print): _______________________________________________________

Field of application (tick):
Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

Client group on which to be examined (tick): Adults ______________ Children ______________

I refuse the following people on my oral examination board: (see ‘Guidelines on Refusing Examiners’,
enclosed with this form)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

I can take my oral examination in the following languages:
_____________________________________________________________________

My native language is:
____________________________________________________________

The language on my tapes is___________________________________________
I have a passive knowledge of the following languages:_________________________
I know I will have to bring a translation of my tape transcripts and examination documents (into
English or the working language of the exam venue. The Written Examination itself does not need
to be translated but the Assessments do): Yes / No

I will bring a translator: Yes / No (If Yes) Name of Translator): ___________________
(The limit is three candidates sharing the same translator and if this is planned they must inform
the local exam supervisor of their intention well in advance of the examination date.)

Please see the note in the Candidate Instructions list with regard to arrangements for translation. It
is the candidate’s responsibility.

Please print here your name and title as your wish it to appear on your certificate:

____________________________________________________________

Signature: _______________________________ Date: ________

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
COMPLETION OF REGISTRATION CERTIFICATE FOR CTA EXAMINATION

From:
Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Candidate’s Name: _________________________________________________________+__________  
Address: ____________________________________________________________________________  
____________________________________________________________________________________ Telephone: _______________________

Name of Principal Supervisor: ___________________________________________________________

Speciality: Counselling ____ Educational ____ Organisational ____ Psychotherapy ____

Examination date and place: ________________________________________________________________

The above candidate was sent a list of instructions for registration for CTA Oral Examination, including note of the penalty for late withdrawal. She/he has correctly submitted all of the following documents and information:

1. ____ Endorsed EATA contract and documentation.
2. ____ Written examination which has received a ‘pass’ evaluation
3. ____ Payment of fees (copy of payment)
4. ____ Principal Supervisor’s Endorsement of the Written Examination form
5. ____ Notice of Intention to take the CTA Oral Examination form
6. ____ Principal Supervisor’s Endorsement of the Candidate to Oral Examination form
7. ____ Principal Supervisor’s personal recommendation of candidate to examination
8. ____ Application for CTA Oral Examination form
9. ____ Names of examiners the candidate refuses (normally five maximum):
_______________________________________________________________________________  
_______________________________________________________________________________

10. ____ Does candidate intend being examined in working language of exam venue Yes / No
11. ____ If No, does candidate confirm he/she will bring a translator
If so, name of translator: ____________________________________________________________

12. ____ Does candidate intend sharing a translator? If so, with whom: _____________________________

I have a copy of each of these documents (except the written examination) in my record file, and the candidate has been instructed to keep a copy of each in his/her personal records file.

Signature of Language Group Coordinator: ______________________________ Date: _________________

May 2008
Candidates are required to attend a Candidates Briefing Meeting, usually held at the examination location the day before the exams. It is essential to attend the meeting. If you fail to attend then you may not be allowed to take the examination, this will be at the discretion of the Local Exam Supervisor.

Candidates must take with them to this meeting:

1. One copy of Completion of Registration Certificate for CTA Examination

2. One copy of their written examination (in their own language)
(These are to be deposited with the Examination Supervisor)

3. Four copies of each of the following:
   - the assessments of your Written Examination (if deferred by one reader and passed by another, both assessments must be taken)
   - your Principal Supervisor’s personal letter of recommendation
   - your CV (curriculum vitae)
   - the log of all your training, supervision and work experience. See also ITA TSC Log book front sheet.
   - your CTA Training Contract and documents pertaining to any Exceptions or Expansions or changes.

These documents are to be presented in four sets in four files, so that they may be easily read by each of the four examination board members. They are to be deposited with the Examination Supervisor, who may request them at the candidate’s meeting, for the examination board members to collect and read through before the examination.

The files may not be removed from the examination office before the examination itself.

4. For the CTA Oral Examination itself, have with you the following:
   (i) Three segments of taped work (audio or video). Each segment should be of about five minutes in length. The tapes containing the segments must not have been edited. One tape must be of a group, couple or family. For counsellors and psychotherapists, one tape must be of you working with an individual. One tape may be of your case study client (though this is not a requirement).

   Have your tapes positioned ready to play.
   (ii) For each segment of tape, have four copies of a transcript, and where necessary, four copies of the transcript translated into English or the language of the exams. It is required that where a translation is supplied, it be presented on the same page, running alongside the original, so that the examiners can follow the verbal sound in both languages simultaneously. The transcripts may be accompanied by appropriate supporting material, e.g. seating plan, a description of the work to be heard.

   (iii) You must bring the necessary equipment for playing your tapes and the necessary electrical equipment either batteries or appropriate socket converters and lads suitable for mains supply.

   (iv) Bring a spare audio tape recorder to that you can record your examination.

5. Translation: If you are taking your oral examination at a location where the boards are not in your own language, you may need to bring a translator with you. You can normally assume at any examination site endorsed by EATA that English speaking boards will be available. When an examination site is being organised by a national or local TA organisation, e.g. DGTA, you need to confirm with the local exam
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS

supervisor that there will be English Language boards available. You can check with your Language Group Coordinator whether there will also be boards in the ‘working language’ of the examination venue.

Note: if the documents listed at 3 above are not in English, you must provide translations of these documents (4 copies) into English (or into the ‘working language’ of the venue if the ‘working language’ is not English).
LETTER TO ASSESSOR OF CTA WRITTEN EXAMINATION

From: Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Date: ____________________

Dear

Thank you for agreeing to mark the enclosed examination script. This is part of a CTA examination.

The candidate intends to go for oral at: ____________________________________________

Candidate Ref: _______________________________________________________________

• Your assessment should be based on the guidelines, and scoring scales for assessing the written examination are enclosed with this letter. These are reproduced from the current EATA Training and Examination Handbook.

• When you have completed your assessment, but before writing your report, please contact me to inform me of your decision. I will then tell you how to proceed.

• When you write your assessment, it should include a clear statement of whether the paper is a passing one or a deferral.

• Will your write your assessment on identifiable paper and sign it. Put the candidate reference on your assessment and send two copies to me.

• Please do not make any marks on the script itself.

• Please return the script and your signed identifiable assessment (2 copies) to me within the time agreed, or within one month of the date of the letter.

• Please complete and return to me the attached claim form so that you can be paid.

I appreciate you giving your time and energy, and thank you for a speedy return of the script.

Yours sincerely

Language Group Coordinator

May 2008
## EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
### RATING SCALE FOR WRITTEN EXAMINATION

<table>
<thead>
<tr>
<th>Full awareness of a broad range of aspects</th>
<th>Awareness of many aspects</th>
<th>Awareness of some aspects</th>
<th>Aware of a very few aspects</th>
<th>Lack of awareness of aspects</th>
</tr>
</thead>
<tbody>
<tr>
<td>High recognition of significance of aspects</td>
<td>Recognition of significance of aspects</td>
<td>Some recognition of significance of aspects</td>
<td>Little recognition of significance of aspects</td>
<td>Does not recognise significance of aspects in most of the important areas</td>
</tr>
<tr>
<td>Competence throughout evidence in reported behaviours</td>
<td>Competence evident in reported behaviour</td>
<td>Competence somewhat evident in reported behaviour</td>
<td>Competence barely evident in reported behaviour</td>
<td>Competence not evident in reported behaviour</td>
</tr>
<tr>
<td>Takes metaperspective and complexity into account</td>
<td>Takes some aspects of metaperspective and complexity into account</td>
<td>Takes aspects of metaperspective and complexity into account</td>
<td>Hardly any awareness of metaperspective and complexity</td>
<td>Does not take any aspects of metaperspective and complexity into account at all</td>
</tr>
<tr>
<td>Material well organised and coherent</td>
<td>Material organised and coherent</td>
<td>Scant organisation of material and/or deficient coherence of material</td>
<td>Organisation and coherence of material missing</td>
<td>No organisation and no coherence of material throughout</td>
</tr>
<tr>
<td>Ethical position clear and significant</td>
<td>Ethical position recognisable and acceptable</td>
<td>Ethical position somewhat recognisable and acceptable</td>
<td>Ethical position inadequate or questionable</td>
<td>Ethical position missing or unacceptable</td>
</tr>
</tbody>
</table>

(A) 20 18 16 14 12 10 8 6 4 2 0
(B) 10 9 8 7 6 5 4 3 2 1 0
(C) 35 30 25 20 15 10 5 0
(D) 35 30 25 20 15 10 5 0

PASS

12.7.9 Written Examination Rating Scales

May 2008
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
LETTER SENT WITH ASSESSMENT(S) OF CTA WRITTEN EXAMINATION

From:
Cathy McQuaid
74 Boxwell Park,
Bodmin,
Cornwall,
PL31 2BE

Date:

Dear Candidate

Please find enclosed the assessment(s) of your written examination.

If your examination has been assessed as a passing paper, please continue with your application for the Oral Examination and keep to the deadline dates.

If your exam has been read by two markers and they have decided to defer it, please check with your Principal Supervisor what your next step should be.

Yours sincerely

Language Group Co-ordinator
# ORAL EXAMINATION TA PSYCHOTHERAPY SCORING SHEET

**CANDIDATE:** ___________________________ **DATE:** _________________________

Each of the ten following areas is graded on a 5-point scale. Select the number rating which you believe best describes the candidate’s performance.

1. **Professional and Personal Identity.** Ability to describe his/her own ideological beliefs and relate them to the philosophical assumptions of transactional analysis, including the implications of cultural, racial, social identities and the significance of this on the assessment, the contract, the work and the therapeutic relationship.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Awareness of own social and cultural identity and that of the client, and the possible implications of these on the therapeutic work, including the significance of differences. Clearly related to philosophical assumptions.</td>
</tr>
<tr>
<td>4</td>
<td>Some awareness of social, racial and cultural identity and differences in the therapeutic relationship, and the implications of these on the work. Some ability to articulate personal beliefs.</td>
</tr>
<tr>
<td>3</td>
<td>Awareness of significance of TA’s philosophy.</td>
</tr>
<tr>
<td>2</td>
<td>Scant awareness of social, racial and cultural identity and differences in the therapeutic relationship, and the implications of these on the work. Some ability to articulate personal beliefs.</td>
</tr>
<tr>
<td>1</td>
<td>Little or no awareness of the significance of racial, cultural and social factors. No apparent belief system or awareness of significance of TA’s philosophy.</td>
</tr>
</tbody>
</table>

2. **Establishment and maintenance of an I’m OK – You’re OK relationship**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Competent and effective relationship including understanding of ulterior processes (e.g. games and transactions as transference and counter-transference), and the complexity of the therapeutic relationship.</td>
</tr>
<tr>
<td>4</td>
<td>Evidence of an effective empathic connection with the client. Some understanding of relationship dynamics and the appropriate demonstration of protection, permission and potency.</td>
</tr>
<tr>
<td>3</td>
<td>Scant evidence of an empathic connection and little understanding of the complexity of the therapeutic relationship.</td>
</tr>
<tr>
<td>2</td>
<td>Evidence of an empathic connection but little understanding of the complexity of the therapeutic relationship.</td>
</tr>
<tr>
<td>1</td>
<td>Little ability to relate practice to theory, some reference to different approaches.</td>
</tr>
</tbody>
</table>

3. **Theory: Capacity to conceptualise psychotherapy in terms of transactional analysis theoretical concepts**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Discussion of TA theory including different trends and approaches as well as recent developments.</td>
</tr>
<tr>
<td>4</td>
<td>Knowledge of several major approaches in TA.</td>
</tr>
<tr>
<td>3</td>
<td>Scant knowledge - only one approach.</td>
</tr>
<tr>
<td>2</td>
<td>Knowledge of several major approaches in TA.</td>
</tr>
<tr>
<td>1</td>
<td>Scant knowledge - only one approach.</td>
</tr>
</tbody>
</table>

4. **Integration into transactional analysis practice: Capacity to discuss a range of treatment options and support the chosen strategy.**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Flexible, in depth discussion of practice in relation to theory.</td>
</tr>
<tr>
<td>4</td>
<td>Discussion of practice in relation to theory, some reference to different options.</td>
</tr>
<tr>
<td>3</td>
<td>Little ability to relate practice to theory.</td>
</tr>
<tr>
<td>2</td>
<td>Little ability to relate practice to theory.</td>
</tr>
<tr>
<td>1</td>
<td>Little ability to relate practice to theory.</td>
</tr>
</tbody>
</table>

5. **Clarity of client assessment**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Assesses situations and issues accurately.</td>
</tr>
<tr>
<td>4</td>
<td>Perceives problems but is unclear as to their significance.</td>
</tr>
<tr>
<td>3</td>
<td>Lack of awareness of major issues.</td>
</tr>
<tr>
<td>2</td>
<td>Lack of awareness of major issues.</td>
</tr>
<tr>
<td>1</td>
<td>Lack of awareness of major issues.</td>
</tr>
</tbody>
</table>

---

*EATA Training and Examinations Handbook Section 12, Forms 12.7.14 Psychotherapy Scoring Sheet*
6. **Contracts and Treatment Direction**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate shared focus/treatment contract clearly related to treatment direction, interventions and the implications of the therapeutic context (setting, duration, frequency, legal obligations).</td>
<td>Appropriate shared focus or treatment contract somewhat related to treatment direction or interventions; OR evidence of therapeutic movement but not directly related to a contract. Some awareness of the implications of the therapeutic context.</td>
<td>No clear goal or treatment contract. Interventions indicate little or no treatment direction. Little awareness of the significance of the therapeutic context.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. **Effectiveness:** Can the candidate demonstrate creativity and effectiveness and discuss interventions within the context of the relationship, the contract and the stage of treatment. Does the candidate monitor the effect of his/her interventions on the clients and respond to this?

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Most interventions accomplish what they are designed to achieve. Therapist monitors the effect of his/her interventions and responds appropriately. Evidence of creativity and suitability to setting etc.</td>
<td>Interventions are moderately effective. Therapist somewhat attuned to the client’s response. Interventions adequate for setting, context etc.</td>
<td>Interventions are counter-productive or ineffective. Therapist ill attuned to the client’s response.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

8. **Professionalism**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is aware of privileges and limitations of training and clearly relates to ethical principles</td>
<td>Limited awareness of privileges and limitations of training, but generally relates to ethical principles.</td>
<td>Serious question about awareness of limitations and/or ethical principles.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

9. **Capacity for self-reflection**

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>High awareness and understanding of own process and its impact on therapeutic intervention.</td>
<td>Some awareness and understanding of own process and its impact on therapeutic intervention.</td>
<td>Little awareness and understanding of own process and its impact on therapeutic intervention.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **Overall rating:** Demonstration of an understanding and practice of the therapeutic relationship using TA concepts.

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethical effective TA theory-based practice suitable to the context.</td>
<td>Some competence in theory and practice</td>
<td>Low competence using TA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**12.7.14 Psychotherapy Scoring Sheet**

May 2008
Points are to be used as a guide and the judgment of the examiners is the final decision. However, deferment is automatic: 1) if a candidate receives a rating of ‘1’ from all of the examiners in any one category, or 2) if the total score is 25 points or below for the examination.

If two examiners vote to defer, the candidate is deferred (no process facilitator is called).

A process facilitator is an experienced examiner whose purpose is to help the board solve problems arising during the examination procedures. Anyone can request the chairperson to call a process facilitator at any time during the examination. The candidate may request the chairperson to call a process facilitator at any point before the individual board members begin to score. This point is to be announced by the board chairperson, who will ask the board if they are ready to being scoring. After this point, only the chairperson or a board member (through the chairperson) can call for a process facilitator.

The process facilitator will establish a clear contract with the board and will help the board reach a decision. If no decision to certify or defer is reached, the examination supervisor can be called. The examination supervisor can help the board reach a decision or can excuse the board and convene a new board to re-examine the candidate. Neither the process facilitator nor the examination supervisor will examiner or vote.

<table>
<thead>
<tr>
<th>Candidates name</th>
<th>Examiners name</th>
<th>Certify</th>
<th>Defer</th>
<th>Combined Total</th>
<th>Average Total</th>
<th>(Combined total divided by 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>[   ]</td>
<td>[   ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>[   ]</td>
<td>[   ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>[   ]</td>
<td>[   ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>[   ]</td>
<td>[   ]</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

May 2008
EXAMINER EVALUATION FORM

Directions: Please rate each examiner and the chairperson of your exam board, using the rating scale shown in bold below, and return the completed form to the supervisor of the examinations. Thank you for completing this form. Your evaluation will help in the process of creating superior examination boards.

RATING SCALE: The examiner’s skills in this area were perceived as

<table>
<thead>
<tr>
<th>Rating</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>highly developed</td>
</tr>
<tr>
<td>4</td>
<td>good on the whole</td>
</tr>
<tr>
<td>3</td>
<td>satisfactory on the whole</td>
</tr>
<tr>
<td>2</td>
<td>unsatisfactory</td>
</tr>
<tr>
<td>1</td>
<td>poor</td>
</tr>
</tbody>
</table>

Your name

Place/date

Chairperson of this board

Exam Supervisor

<table>
<thead>
<tr>
<th>Rating of Examiners:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Questions were clear and precise</td>
</tr>
<tr>
<td>Questions were fair, relevant and appropriate for the knowledge and skills required by a CTA/TSTA</td>
</tr>
<tr>
<td>The examiner offered the candidate the opportunity and the space to state his/her reasons and thinking and to defend his/her position</td>
</tr>
<tr>
<td>The examiner offered clearly argued, fair, and relevant feedback</td>
</tr>
<tr>
<td>The examiner made an effort to find the candidate’s strengths</td>
</tr>
<tr>
<td>The examiner gave clear explanations for his/her ratings</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rating of Board Chairperson (in his/her role)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The chairperson stayed in charge of the examination process and kept it moving along</td>
</tr>
<tr>
<td>The chairperson structured the examination clearly</td>
</tr>
<tr>
<td>The chairperson dealt with problems effectively as they came up</td>
</tr>
<tr>
<td>The chairperson helped to create a comfortable atmosphere, allowing the candidate to show his/her level of competence</td>
</tr>
</tbody>
</table>

Please add specific comments over the page
EUROPEAN ASSOCIATION FOR TRANSACTIONAL ANALYSIS
APPLICATION TO APPEAL EATA EXAMINATION

Name: ____________________________________ Telephone: ______________________

Address: _____________________________________________________________________

Email: _____________________________________________________________________

I wish to appeal against the outcome of the CTA / TSTA written examination / oral examination
(delete as applicable).

Date of examination: ________________________________

I enclose (tick):

☐ Either a copy of my written examination and the evaluation I have received
☐ Or a tape of my oral examination
☐ Copies of my oral exam tapes
☐ A copy of my oral exam score sheet

The grounds for my appeal are as follows:
(Please refer to the Appeals procedure and continue on another sheet or overleaf if necessary).

Signed: ________________________________ Date: ______________________

Send this form with all the above documentation to the EATA Supervising Examiner.