



RANZCP ID:	
Family name:	
First name:	
Zone:	
Hospital/service:	

CONFIRMATION OF ENTRUSTMENT FORM

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: training@ranzcp.org

ST2-AP-EPA4 – Bulimia nervosa 2 (COE form)			
Area of practice	Adult psychiatry (Eating disorders)	EPA identification	ST2-AP-EPA4
Stage of training	Stage 2 – Proficient	Version	v0.4 (EC-approved 24/07/15)
Title	Assess and manage an adult with bulimia nervosa.		
Description	The trainee will have proficient skills in assessing and developing an outpatient management plan and risk management plan for an adult with bulimia nervosa, addressing any psychiatric and medical comorbid disorders. The management plan will aim to help the patient gain control over bingeing, purging and other weight-control behaviour and apply an appropriate variety of psychological treatments to be utilised in an outpatient setting.		

Please refer to the EPA handbook’s preamble for a more detailed description of the EPA assessment process. The corresponding EPA contains the knowledge, skills and attitude that must be demonstrated by the trainee in order to be entrusted with this activity.

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 TRAINING DECLARATION

I verify that this document has been signed by a RANZCP-accredited supervisor.

Director of Training Name (print)

Director of Training RANZCP ID: Signature Date