



RANZCP ID:	
Surname:	
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-EXP-EPA2 – Mental health Act (COE form)			
Area of practice	General psychiatry	EPA identification	ST2-EXP-EPA2
Stage of training	Stage 2 – Proficient	Version	v0.12 (EC-approved 02/09/16)
Title	The application and use of the mental health Act.		
Description	The trainee can apply the provisions of the relevant mental health Act to provide care on an involuntary basis. The trainee provides explanations to patients and their carers, engages them where possible and deals with their concerns. They comply with documentary and administrative obligations. The trainee is aware of the factors which justify involuntary care under the local mental health Act, including the principle that involuntary care must contribute to treatment of mental illness and consequent improvements in autonomy. The trainee seeks to optimise the autonomy of patients receiving involuntary care and promotes pathways to less restrictive care.		

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