



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](mailto:training@ranzcp.org)

<b>ST2-CAP-EPA2 – Prepubertal child (COE form)</b>			
<b>Area of practice</b>	Child and adolescent	<b>EPA identification</b>	ST2-CAP-EPA2
<b>Stage of training</b>	Stage 2 – Proficient	<b>Version</b>	v0.5 (BOE-approved 08/11/12)
<b>Title</b>	<b>Clinical assessment of a prepubertal child.</b>		
<b>Description</b>	<p>The trainee conducts a developmentally appropriate clinical interview with a child under 10 years old and their family. The trainee can:</p> <ul style="list-style-type: none"> <li>introduce themselves, explain their role and the purpose and process of the interview</li> <li>engage the child in a developmentally appropriate manner including arranging the environment, selection of toys and/or activities, language level and non-verbal communication</li> <li>sensitively direct the course of the interview in a child-centred way</li> <li>conclude interview with a sensitive summary statement appropriate to the issues discussed and knowledge of the case</li> <li>present a diagnostic formulation.</li> </ul>		

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 .....