



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

ST3-CAP-AOP-EPA1 – Family interview (COE form)			
Area of practice	Child and adolescent	EPA identification	ST3-CAP-AOP-EPA1
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)
Title	<i>Independently conducts an initial family interview involving children and adolescents.</i>		
Description	<p>The trainee can conduct an initial family interview independently. The trainee:</p> <ul style="list-style-type: none"> • demonstrates ability to be inclusive and engage with all members of the family • gathers all important and relevant information in a culturally and developmentally sensitive way • sensitively directs the course of the interview • communicates their initial hypotheses back to the family, taking account of the family's values and beliefs • is able to propose and discuss the initial course of action with the family • applies the principles of prevention, promotion and early intervention to reduce the impact of mental illness • manages potentially disruptive family conflict within the interview. 		

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 (ADVANCED) TRAINING DECLARATION

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

Director of (Advanced) Training Name (print)

Director of (Advanced) Training RANZCP ID: Signature Date