



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-POA-AOP-EPA7 – Social and living assessment (COE form)			
Area of practice	Psychiatry of old age	EPA identification	ST3-POA-AOP-EPA7
Stage of training	Stage 3 – Advanced	Version	v0.7 (EC-approved 10/04/15)
Title	Assessing older people in complex domiciliary settings, including those with problems such as hoarding, squalor and homelessness.		
Description	The trainee demonstrates an ability to perform a comprehensive psychiatric assessment, mental state examination and formulation. This should include the integration of information gathered from direct observation and assessment, and from collateral sources. The trainee should appropriately assess safety and risk issues relevant to the patient arising from the assessment of their mental state and their social and living circumstances. The trainee should demonstrate an ability to assess for mental illness in the context of issues such as hoarding, squalor and homelessness, in addition to considering personality and other factors. The management plan should consider the involvement of other health professionals where appropriate and other resources as indicated (eg. medical and allied health services, local council, rubbish removal and cleaning, domiciliary supports, mental health support, legal advocacy).		

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