



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](mailto:training@ranzcp.org)

<b>ST3-AP-FELL-EPA12 – Cultural and linguistic diversity (COE form)</b>			
<b>Area of practice</b>	Adult psychiatry	<b>EPA identification</b>	ST3-AP-FELL-EPA12
<b>Stage of training</b>	Stage 3 – Advanced	<b>Version</b>	v0.7 (EC-approved 06/11/15)
<b>Title</b>	<b>Advanced clinical work with adults with cultural and linguistic diversity.</b>		
<b>Description</b>	Core skills, knowledge and attitudes in this area were required for the Stage 2 ‘Cultural awareness’ EPA. For this Stage 3 EPA, the trainee needs to have more sophisticated and extensive competencies in working with patients and families/carers where cultural and linguistic diversity issues are important. This includes skills in carrying out more difficult assessments and working with patients/families where cultural and linguistic diversity issues add significantly to complexity. The trainee is able to show leadership within the team and to work collaboratively in developing complex formulations and implementing multifaceted management plans, especially where there is conflict between the patient/family’s culture and the usual clinical practices of the team. Skills are required in engagement, communication and problem solving in the area of cultural and linguistic diversity, including work with patients/families where religious and spiritual issues are prominent and may affect engagement and management and in traumatised patients/families, eg. refugees.		

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 .....