HEARING AID AUDIOLOGY SOCIETY OF AUSTRALIA LTD
Supervision Agreement

I, …………………………….…..……….................... hereby agree to supervise the following Associate Member/Student Member of HAASA ……………………………………………….…..……………………………………..…

I accept full responsibility for the supervision and will ensure the Associate Member/Student Member is fully trained in all aspects of audiometry as outlined under HAASA guidelines for supervision and areas of proficiencies covered in the Standards of Practice of the Society.

- ❖ Ensure the member practices within the Society's Code of Ethics
- ❖ Privacy is ensured in all aspects in the member's interaction with clients

Supervision should be via observation, discussion, and practical application of audiometric skills. The student/associate member should be given guidance as to the objective of the learning module/standard of practice, what outcomes are to be achieved, client interaction, and the opportunity to receive and exchange information through feedback. It is strongly recommended that the supervision plan incorporate written objectives (as noted below). Each learning activity should be documented with both the supervisor and supervisee recording their comments.

❖ Learning Task	❖ Discussion – Feedback
❖ Learning Objectives	❖ Exchange Information
❖ Client Interaction	❖ Documented Outcomes

I formally state that I have practiced as an Audiometrist/Audiologist in dispensing hearing devices for a period greater than three years, completed supervision training as required by the Society, or its equivalent, and hold full clinical membership of my professional body and a Qualified Practitioner Number.

Member of HAASA   Yes / No   Membership No………………………………….

Member of ACAud.   Yes / No   Membership No………………………………….

Member of the A.S.A.   Yes / No   Membership No………………………………….

The HAASA Executive will review this application and advise accordingly of its decision.

………………………………….…..

Guaranteed Hours of Clinical Supervision per Week

………………………………….…..   ………………………………….…..

Signature of Supervisor   Signature of Student/Associate

………………………………….…..   ………………………………….…..

Date   Date

HAASA Approval: ...…………………………..…..   Date: ……………………………...…..

Please note if more than one supervisor, complete separate agreement for each.