



# **STUDENT ASSOCIATE APPLICATION FORM**

**FEBRUARY 2022**

# Application for NZAS Student Associate 2022

Please ensure you complete Sections 1-6 in full to enable us to promptly process your application. Failure to complete all information may result in delays in processing this application.

Please make sure you have completed everything from the checklist provided in Section 6 when you submit application form.

## Sections:

1. **Personal information**
2. **Evidence of Enrolment**
3. **Application and Membership Fees**
4. **Nomination for Student Associate Membership**
5. **NZAS Code of Ethics Agreement**
6. **Checklist**

Please note this application is for Student Associate Membership status only. After obtaining your qualification/degree in audiometry/audiology you will be required to apply for provisional membership in order to obtain an NZAS CCC (Certificate of Clinical Competency) to be entitled to apply for Full or Audiometrist NZAS membership status. You have a maximum of three (3) years in which to complete your CCC.

You will find further information regarding the CCC on the NZAS website ([www.audiology.org.nz](http://www.audiology.org.nz)).

# 1. Personal Information

Full name: \_\_\_\_\_

Tertiary Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email : \_\_\_\_\_

NOTE: as the NZAS communicates with members via email, it is vital that you update your contact email address on the NZAS website should it change.

Please list your qualifications (relevant to audiology).

Degree or Diploma	
University	
Country of Origin	
Date studied	

Date Course Requirements Completed (must precede clinical certification start date):

\_\_\_\_\_

Please briefly describe any relevant work experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 2. Evidence of Enrolment in Course

Please either submit evidence of payment of course fees OR have the following declaration completed by the Head of Department or Course Coordinator:

I certify that \_\_\_\_\_ is currently enrolled as a full / part-time (circle one) student.

**Name of course/degree:**

\_\_\_\_\_

**Institution:**

\_\_\_\_\_

**Anticipated completion date:**

\_\_\_\_\_

**Name:** \_\_\_\_\_ **Role:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 3. Application & Membership Fees

Student associate membership fees have been waived for 2022.

## 4. Nomination for Student Associate Membership

ALL NZAS members must be proposed by at least two Full Members of the NZAS who shall have personal knowledge of the candidate and who shall be prepared to furnish information as to the candidate's qualifications, as per the NZAS Constitution. Please have the Full Members who support your application as described above sign below.

**Nominated by:** \_\_\_\_\_ (signature)  
\_\_\_\_\_ (print name)

**Seconded by:** \_\_\_\_\_ (signature)  
\_\_\_\_\_ (print name)

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## 5. NZAS Code of Ethics Agreement

I, \_\_\_\_\_ (please print full name)

of \_\_\_\_\_ (please print home address)

agree to the following terms:

- i) I agree to abide by the NZAS Code of Ethics (located on the NZAS website).
- ii) I acknowledge that the NZAS may take disciplinary action against me if I breach the Code of Ethics. I understand that the NZAS is required to implement a complaint handling procedure in accordance with the principles of natural justice in the event of an allegation against me.
- iii) I acknowledge that disciplinary action against me for a proven or established breach may include revocation of my membership to the NZAS depending on the seriousness of the breach.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 6. Student Associate Membership Application Checklist

Please use this checklist to ensure you have completed all of the parts required in the application form.

- Personal details completed
- Attached evidence of enrolment in course in the field of Audiology/Audiometry OR declaration signed by Head of Department or Course lecturer
- Nomination for Student Associate membership signed by two full members of NZAS
- Your signature agreeing to the nomination
- Code of Ethics and Constitution statement signed by you

**If you have completed all the relevant parts listed above, your application should be ready to send.**

Please scan and email to the NZAS Administration team on [admin@audiology.org.nz](mailto:admin@audiology.org.nz)