



APPLICATION FOR PROVISIONAL MEMBERSHIP – NZ Graduate

MARCH 2022

CONTENTS

General Information.....	3
1. Personal Information.....	4
2. Clinical Supervision and Declaration and Supervision Plan.....	5
3. Supporting Documentation.....	8
4. Application, Membership & Examination Fees.....	9
5. Nomination for Provisional Membership.....	10
6. NZAS Code of Ethics Agreement.....	11
7. Provisional Membership Application Checklist.....	13

General Information

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 of the processing of this application.

Please make sure you have completed everything from the checklist provided in Section 7 when you submit application form.

Sections:-

1. Personal information
2. Clinical certification period and supervision
3. Supporting documentation
4. Application, membership and examination fees
5. Nomination for provisional NZAS membership
6. NZAS Code of Ethics Agreement
7. Provisional Membership Application Checklist

Please note this application is for Provisional Membership status only. You must obtain an NZAS CCC (Certificate of Clinical Competency) to be entitled to apply for full membership status.

The full CCC programme is estimated to take between 11 and 12 months. If granted Provisional Member status, you have a maximum of 3 years in which to complete your CCC. There will be no extensions given. If a candidate fails to complete the CCC programme in the 3 years, their membership will lapse and they will need to re-apply to for provisional membership and complete all requirements again.

You will find further information regarding the CCC on the NZAS website (www.audiology.org.nz).

1. Personal Information

Full name: _____

Workplace _____

Work address _____

Work phone: _____ Mobile: _____

Email (work): _____ (home): _____

Preferred email: Work / Private (*delete one*)

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	Dates Studied

Date Course Requirements Completed: _____

(must precede clinical certification start date)

Please briefly describe any relevant work experience:

2. Clinical Supervision and Declaration and Supervision Plan

You are required to be supervised throughout your CCC by a full member of the NZAS. Your supervisor should be familiar with the CCC requirements. The NZAS expects that your supervisor will be your first port of call if you have any queries throughout your CCC although it is up to you to drive the process. Please have your supervisor access the NZAS website for further information on the CCC process. Please have your supervisor read and sign the supervisor's declaration below.

Supervisor's Declaration:

I, _____, hereby agree to provide _____ with, and accept responsibility for, supervision during her/his CCC period. I acknowledge that I have read and am familiar with the current CCC requirements, including the level of supervision (direct and indirect) required and will assist and mentor _____ to the best of my abilities whilst he/she is under my supervision. I understand it is my responsibility to ensure the candidate is exam ready prior to signing that they have completed the supervision requirements of the CCC period and prior to recommending him/her for clinical examination.

I have completed the attached Support & Mentoring Plan with _____ and I undertake to conduct the supervision as planned, to advise the NZAS of any changes to the Plan and to ensure that the candidate submits supervision logs as required.

Supervisor's Signature: _____ **Date:** _____

Information sharing: As part of the CCC process, NZAS shares information regarding your progress throughout the CCC Programme with your CCC Supervisor.

Applicant's signature of acknowledgement:

Provisional Audiologist Supervision Plan

Name of Provisional Audiologist	
Contact details Phone/Mobile: Email:	
Best method of contact	
Name of MNZAS Supervisor	
Contact details Phone/Mobile: Email:	
Best method of contact	
Frequency of direct observation e.g. Direct Observation 3 hours a week on Tues and Thurs 8.30am-12.30pm.	
Indirect observation and 1-1 sessions plan e.g. Daily meetings at 4.30pm, in person or by phone. Email GP letters to supervisor daily. Case discussions weekly on Fridays.	
Online Tele-supervision plan e.g. OTS 3 hours a fortnight, every second Monday 1.00pm-4.00pm using Teams. Second monitor to run Otosuite with screen-sharing. Mobile phone available if audio is unclear. Reschedule complex patients in case of total failure of connection	

<p>Plan for file review e.g. In person during 1-1 sessions, all files in supervisor tray for sign-off at each step.</p>	
<p>Additional support procedure e.g. Include day to day support; direct supervision; liaison with employer and/or NZAS; identifying or requiring additional training opportunities; plan for unplanned supervisor absences</p>	

Date: _____

Supervisor's signature: _____

3. Supporting Documentation

EITHER:

Provide the signed statement (below) by the Audiology Programme Head of Department below as proof you have completed your course. Please note you are not able to submit your application for Provisional Membership until you have completed **all** course requirements.

I confirm that _____ has completed **all** course requirements (including handing in of the thesis) for the Auckland/Canterbury Master of Audiology Programme and will receive the MAud qualification.

Signed: _____

Name: _____

Date: _____

OR:

Submit a certified copy of your New Zealand Master of Audiology degree

4. Application, Membership & Examination Fees

Application Fee

The current application fee is \$110.00 incl GST which must be paid prior to your application being processed. You can make payment via online banking. The NZAS account number is 02 0280 0149095 00. On receipt of the application and the fee the NZAS Administration team will send you an invoice and receipt via email. Please note this application fee is non-refundable.

Please use your full name as a reference and also indicate the date and which method you have used to pay your application fee below:

- Online banking** _____ (date paid)

- Please invoice my employer** _____ (company name)

Future Fees

Becoming a provisional member of the NZAS will lead to fees required for the provisional membership and those for the CCC examination. Information about these fees is noted below. The application fee is only to enable us to process your application.

Provisional Membership Fee: Should your application for Provisional Membership be accepted, you will be invoiced Provisional Membership fees. The fee will be adjusted to reflect the number of months left in the NZAS financial year (ends 31st December).

Please note that there may be additional costs associated with completing the supervision requirements of the CCC, in particular attending secondments outside of your usual workplace. It is up to the seconding centre to determine costs and you must discuss this with them directly.

Chart, Module & OSCE Examination Fees: The current fees associated are available on the website. The OSCE fee will be invoiced to you when you apply to sit OSCE. You must pay this fee before your place is confirmed. Should you be required to re-sit all or part of the OSCE CCC exam a re-sit fee will be charged.

5. Nomination for Provisional Membership

Provisional member applicants 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 (Section 3: Membership (b)).

Please have the Full Members who support your application as described above sign below.

Nominated by: _____

Signed: _____

Seconded by: _____

Signed: _____

Applicant's signature: _____ **Date:** _____

6. 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 complaints 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.
- iv) I understand that if I am the subject of a complaint my supervisor will be informed.

Signature: _____

Date: _____

Please also answer the following:

1) Are you currently/have you been a member of an audiological professional organization ((e.g. AAA,BAA,ASHA, ASA, ANZAI)? **YES / NO**

If so which organisation/s and approximate dates of membership?

2) Have you ever been the subject of a complaint to any audiological professional body or general health regulatory body? **YES / NO**

If so, to whom was complaint made and when?

What were the grounds stated within the complaint?

Please give details of outcome (e.g. complaint was dismissed or upheld) and any censure actions taken against you (e.g. suspension, financial penalty or membership struck off).

Please note that NZAS may approach universities, past employers and other audiological agencies when deciding upon membership applications.

7. Provisional Membership Application Checklist

Please use this checklist to ensure you have completed all of the parts required in the application form and have the appropriate supporting documentation ready to send with your application, as well as your non-refundable application fee of \$105.00 incl GST.

- Personal details completed.
- Supervisor's Declaration signed by supervisor.
- Support and Mentoring plan completed.
- Information sharing approval signed by you.
- Audiology programme Head of Department statement signed OR Certified copy of Master of Audiology Qualification.
- Application fee ready to send or paid via internet banking (use your name as reference)
- Nomination for provisional 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.