



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

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

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.

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Signature of Supervisor

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Signature of Supervisee

DATE OF HAASA APPROVAL :

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