



Application to become an Accredited Supervisor

Please complete this form fully and in capitals, and then either email or post to the BAA. Continue on a separate sheet if necessary

| | | | |
|---|-----------------------------|------------------------|--|
| First Name(s) | | | |
| Last Name | | | |
| Registration body i.e., RCCP or HCPC | <i>(Add as appropriate)</i> | Registration number | |
| BAA membership number | | | |
| Contact address | | | |
| Postcode | | | |
| Email address | | | |
| Telephone (work) | | | |
| Telephone (mobile) | | | |

| Audiology Professional Body Awards held | | |
|---|--------------------------|---|
| Award (CAC, HTS or BAAT pt 1 & pt2) | Clinical area (HTS only) | Date awarded (or year if > 3 years ago) |
| | | |
| | | |
| | | |
| | | |

| Details of supervising / mentoring sessions / courses / qualifications held (incl. BAA HTS Supervisor's Training sessions) | | |
|---|--------------------------|-------------------------|
| Session, course or qualification | Provider / Awarding body | Date attended / awarded |
| | | |
| | | |
| | | |



| Details of current role & clinical experience | |
|---|--|
| Current role | |
| Employer | |
| Date started in this role | |
| Healthcare Scientist Career Framework level* | |

* See BAA Scope of Practice document for guidance; https://www.baaudiology.org/files/8615/0488/4484/1_Scope_of_Practice_Document-7.pdf

| Details of previous successful** M-level day to day clinical supervision / training | | | |
|---|---------------------|-----------------|---|
| Clinical area / award | Name(s) of trainees | Year(s) awarded | Role (e.g. provided approx 50% of direct clinical supervision, involved in timetabling sessions, carried out tutorials) |
| Certificate of Audiological Competence | | | |
| HCCC Paediatric assessment | | | |
| HCCC Paediatric habilitation | | | |
| HCCC Adult rehabilitation & first line diagnostic assessment | | | |
| HCCC Tinnitus and hyperacusis | | | |
| HCCC Balance assessment & rehabilitation | | | |
| HCCC Therapeutic rehabilitation / hearing therapy | | | |

** i.e. trainees who have been successfully awarded a postgraduate level professional award

| Supervision plans | | | | |
|-------------------------|---|--|---|--|
| Area | Proposed supervising in this area (tick if yes) | No. of clinics / month routinely carried out currently | Any planned changes in clinical work if supervising in this area? | Location of other day to day supervision (on site, or if in separate dept, give name / location) |
| Paediatric assessment | | | | |
| Paediatric habilitation | | | | |



| | | | | |
|---|--|--|--|--|
| Adult rehabilitation & first line diagnostic assessment | | | | |
| Tinnitus and hyperacusis | | | | |
| Balance assessment & rehabilitation | | | | |
| Therapeutic rehabilitation / hearing therapy | | | | |

I confirm the following:

1. The information on this form is correct to the best of my knowledge
2. I have read the HTS regulations and are familiar with the requirements of the scheme, and will abide by them
3. I am aware the skills and knowledge expected at examination are at M-level, and trainees are expected to have good critical appraisal skills and awareness of the latest literature and guidance within the particular clinical area.
4. I have attended / completed an HTS Supervisors training session, or intend to complete this prior to supervising an individual
5. I will keep my knowledge of the scheme up to date by reading any communications and attending / completing a training session at least every three years
6. I understand it is my responsibility to inform the BAA of any significant changes to the above details, in a timely manner
7. I understand that if becoming an Accredited Supervisor, this status can be removed at the discretion of the BAA.

I understand the information I submit on this form will be held confidentially by BAA and Fitwise Management Limited and used to communicate with you and in the running and monitoring of the HTS scheme.

| | |
|--------|--|
| Signed | |
| Date | |

If you have any questions please view our privacy policy at <https://www.baaudiology.org/privacy/> or contact privacyofficers@fitwise.co.uk