



## SUPERVISORY PLAN AND RESPONSIBILITIES

### FULL MEMBER - INTERN (Supervisee) DETAILS:

<b>Name:</b>		
<b>ACAud inc HAASA Membership No.</b>		
<b>Company:</b>		
<b>Internship Status:</b>	<input type="checkbox"/> Overseas Audiologist <input type="checkbox"/> Overseas Audiometrist	<input type="checkbox"/> Domestic (AUS) Audiologist <input type="checkbox"/> Domestic (AUS) Audiometrist

### SUPERVISOR DETAILS:

<b>Name:</b>	
<b>Company and Location:</b>	
<b>Email:</b>	
<b>Phone:</b>	
<b>Supervisor Level:</b>	<input type="checkbox"/> <b>Primary Supervisor</b> - Must have held Full Accredited Membership with a PPB for a <b>minimum of 3 years</b> and completed ACAud's Supervisor Training Course.  <input type="checkbox"/> I have attached membership certificates to show 3 FULL years of membership plus this current membership period.  <input type="checkbox"/> <b>Secondary Supervisor</b> - Must have held Full Accredited Membership with a PPB for a <b>minimum of 3 years</b> and completed ACAud's Supervisor Training Course.  <input type="checkbox"/> I have attached membership certificates to show 3 FULL years of membership plus this current membership period.  <i>**Attachment of PPB Certificates is not required if the supervisor is a member with ACAud inc HAASA.</i>
<b>Supervision Time Frame:</b>	
<b>Full PPB Membership:</b>	<input type="checkbox"/> ACAud inc HAASA (Membership No. _____)  <input type="checkbox"/> Audiology Australia (Copy of membership certificates required)
<b>Fully Qualified for (yrs):</b>	
<b>QP Number:</b>	

#### Instructions:

- **ALL PAGES** must be returned to the ACAud Secretariat at: [acaud@acaud.org](mailto:acaud@acaud.org)
- Each Supervisor must complete a separate form.
- A Supervisory Plan should be for a minimum period of **12 months** unless the Full Member - Intern has already completed a portion of their Supervision or changes are being made.

**\*\*ALL** changes to the Supervisory Plan must be approved by the ACAud Secretariat prior to the change being implemented.

# DECLARATION OF ACCEPTANCE OF SUPERVISORY RESPONSIBILITIES

I understand that by signing below that I am agreeing to the following:

1. I have read and understood the ACAud Certification and Assessment Policy, Professional Competency Standards, Scope of Practice, Supervision Requirements and all applicable internship and certification pathway documentation relevant to the supervision being undertaken.
2. I acknowledge that, by accepting the role of Supervisor, I am making a professional commitment to support, educate, mentor and supervise the Intern throughout the supervision period and to facilitate the development of the competencies required for ACAud certification and progression toward Full Membership.
3. I acknowledge that the clinical environment utilised for supervision must be appropriately equipped, resourced and suitable to support the achievement of the required competencies, including the provision of appropriate audiological equipment, facilities, clinical exposure and learning opportunities.
4. I have read and understood the ACAud Code of Conduct, Professional Practice requirements and applicable supervision guidelines relating to the HRS, DRS and/or ACI pathway, where applicable.
5. I agree to supervise the Intern strictly in accordance with ACAud policies, procedures, competency standards, supervision requirements and professional conduct expectations and acknowledge that I may be subject to the ACAud complaints, review and professional conduct processes where applicable.
6. I acknowledge my professional, ethical and supervisory responsibility to ensure the Intern receives appropriately structured, safe, culturally responsive and adequately supervised clinical exposure across all relevant areas of practice necessary to support competency development.
7. Should I wish to terminate the Supervisory Agreement, I will notify the ACAud Secretariat in writing as soon as practicable and will make reasonable efforts to assist the Intern in securing an alternative appropriately qualified Supervisor. Where concerns exist regarding professional conduct, progression, competence or suitability for continued supervision, I may provide ACAud with written notification outlining the relevant concerns.
8. I acknowledge responsibility for the accurate and timely completion of all required supervision, progression and assessment documentation and understand that delays in submission may impact the Intern's progression within the pathway. Where acting as Primary Supervisor, I additionally acknowledge responsibility for oversight of the Intern's overall clinical development and verification of submitted assessment documentation.
9. I acknowledge my responsibility to support culturally safe, inclusive, person-centred and evidence-based hearing healthcare practices, including respectful engagement with Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse communities.

## **SUPERVISEE (Intern):**

I formally submit this plan to Australian College of Audiology (ACAud) for approval. If approved, the supervision period will commence from the date of approval, which will be confirmed in writing by ACAud. I also consent to my membership information being discussed with the Supervisor and Employer where necessary.

<b>Supervisee (Intern) signature:</b>	<b>Date</b>
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## **SUPERVISOR:**

In signing and submitting this Supervisory plan and responsibilities agreement, I agree to all the conditions and responsibilities outlined above.

<b>Supervisor signature:</b>	<b>Date</b>
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## **Approved by ACAud inc HAASA:**

<b>Member Services signature:</b>	<b>Date</b>
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