HTNZ Supervision Agreement

HAND THERAPY NEW ZEALAND
Ringaromi Aotearoa

Please save a copy of this document don't write into the original. Thank you.

I, agree to provide Supervision for [insert name]

until such time as the said person becomes a Registered Member of HTNZ.
Should the supervisor change at any time a new supervision agreement is to be submitted.

The agreement is to be reviewed annually until the associate has completed their registration.
Under the terms of the agreement, I as the Supervisor declare that (please tick):

- ☐ There is an on-site Registered Hand Therapist for 50% of the Associate's working week for the entirety of the Associate membership (with the exception for standard leave.

  Registered Hand Therapist Name: [Insert name]

  HTNZ Membership number: [insert #]

As the Supervisor I will provide (please tick);

- ☐ Clinical support and advice as required.
- ☐ Review and audit of clinical practice.
- ☐ Facilitation and encouragement for the Associate's development towards Registered HTNZ Membership.

The Supervisor and the Supervisee are aware that the 3600 hours required for Registered membership must comprise: a variety of upper limb conditions, with 70% of the caseload involving the forearm and hand.

Associate applicant signature:
Date:

Supervisor Signature
Supervisor Membership No.
Date:

As the Supervisor I confirm I am the Supervisor for six or less associates AND I have completed a HTNZ approved supervision course:

Course Name: _____HTNZ Supervision Date of completion: _____