

RECOMMENDATION FOR FULL MEMBERSHIP OF NZSTA

Please complete and return to:

NZSTA
P O Box 38 070
Parklands
Christchurch 8842



New Zealand
Speech-language
Therapists' Association

Te Kāhui Kaiwhakatikatika Reo Kōrero o Aotearoa

www.speechtherapy.org.nz
nzsta@speechtherapy.org.nz

PO Box 38-070
Parklands, Christchurch 8842
Telephone: +64-3-383-1518

This is to confirm that _____ has worked in my area of responsibility for _____ weeks after commencing work following qualification as a speech-language therapist. This provisional member has demonstrated professional standards that meet the NZSTA Code of Ethics and are in accordance with the Standards of Practice adopted by the Association to become a full member of NZSTA.

I have attached the:

- copy of the supervision agreement between ourselves
- report supporting my recommendation which includes details of supervision provided, including the frequency and how it was provided, and details of the professional development they have undertaken

Supervisor's Name _____ (Please print)

Supervisor's signature _____

Supervisor's NZSTA membership number: _____

Date / /