

Recommendation for Full Membership of NZSTA

Please complete and email to: admin@speechtherapy.org.nz or post to:

NZSTA
PO Box 302-469
North Harbour
Auckland 0751

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 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;
- Signed off Portfolio Summary Table and Supervision Log (if New Graduate Member).

Supervisor's Name _____ (Please print)

Supervisor's signature _____

Supervisor's NZSTA membership number _____

Date _____