

Application Checklist HEARING AID APTITUDE TEST

Please ensure you complete each form listed below and collate all necessary documents before submitting your application. All application paperwork (with the exception of your DBS Certificate*) must be submitted together at the time of application. Applications will not be considered unless <u>all</u> required documents and forms are attached.

Please email your complete application forms, checklist and documents to <u>AdmissionsUG.EPS@soton.ac.uk.</u>

1) All applicants must submit these forms:

	Attached
Registration Form	
Clinical Competency Reference	
Health Declaration	
Criminal Convictions Declaration	
HAAT Visiting Student Application Form	
DBS Certificate*	

2) For those that have been in <u>employment for 6 months</u> or more only CV

Evidence of CPD

3) All applicants must submit evidence of registration status (See Entry Criteria):

Criterion 1. Evidence of registration with one of the following:

Clinical Physiologist (Audiology) - RCCP	
Healthcare Science Practitioner (Audiology) - AHCS	
Clinical Scientist (Audiology) - HCPC	

or

Criterion 2. Evidence of completion of one of the following (completed in the last 4 months only):

Practitioner Training Programme (PTP)	
BSc Audiology/BSc Healthcare Science (Audiology) incl. IRCP	
MSc Audiology plus Certificate of Clinical Competence	
Scientist Training Programme (STP)	
Equivalent programme accredited by the RCCP, AHS or HCPC	

4) The Course Fee must be paid before the start of the course via the online store

*If you require a new DBS Certificate, this can be submitted after applying as the DBS application process can take a number of weeks. Confirmation that you have successfully passed the Hearing Aid Aptitude Test will not be sent to the Registering Body until we have received your DBS certificate.



Registration Form HEARING AID APTITUDE TEST

Name	
Address	
Date of Birth	
Job title (if applicable)	
Organisation (if applicable)	
Nationality	
Telephone number	
Email address	
Start date	
Special requirements	
I have a <u>DBS</u> certificate that is less than 3 years old (delete statements as appropriate)	 Yes, I have enclosed a copy of my DBS certificate No, I need to obtain a new DBS certificate
Course Fees (delete statements as appropriate)	 I am paying for the course My employer is paying for the course: Employer name: Employer email:
	 £500 full fee £450 discounted fee (10% discount): For Alumni of the University of Southampton, or members of Staff from a Clinical Placement centre that hosts Southampton Audiology students Course payments can be made via the online store



Appendix 1 *Clinical Competency Reference*

HEARING AID APTITUDE TEST

To be completed by UK employer or educator

The person named below has applied for the Hearing Aid Aptitude Test (HAAT) distance learning programme at the University of Southampton. In order to determine their eligibility for the programme please complete the reference document below and return to the applicant to submit.

If you have any questions please contact the Programme Lead, Mrs Emma Mackenzie: <u>ep@isvr.soton.ac.uk</u>, Tel: 02380 592921.

Candidate Name:	Employer/Education provider:
Candidate Job Title/Degree Course Title:	Band:
Dates employed/Placement dates: From: To:	Department/Placement Centre:

Eligibility for the Hearing Aid Aptitude Test (HAAT) distance learning programme at the University of Southampton requires confirmation of the candidate's clinical competency in the areas listed below covering at least a 1 month (FTE) period. Please indicate whether the competencies were/are met by the candidate during their employment/placement with your organisation/in their current role:

The Candidate demonstrates clinical competence in the	Competency	Competency
following areas:	achieved	not achieved
Use of effective communication skills in order to		
interview, instruct, debrief, discuss management options		
linked to goals and counsel new and existing adult		
auditory rehabilitation patients and where appropriate		
their communication partners.		

Effective use of outcome measures and/or goal setting tools with new and existing adult auditory rehabilitation patients and where appropriate their communication partners.		
The Candidate demonstrates clinical competence in the	Competency	Competency
following areas:	achieved	not achieved
Demonstrates safe and effective selection, completion and interpretation of routine audiological tests including: otoscopy, pure tone audiometry, uncomfortable loudness levels, tympanometry, acoustic reflexes and impression taking. Integrates test results, questionnaire response and other information in order to inform management strategy.		
Identifies appropriate onward referral, considers the type and timescale of ongoing appointments, provides appropriate information and material to patients and demonstrates accurate record keeping.		
Evaluates, selects, fits and verifies Hearing aids using appropriate techniques such as subjective hearing aid checks, hearing aid test box measurements, real ear measurements, impression taking and earmould modification techniques. Integrates findings and involves patients in decision making and fine tuning.		
Demonstrates, instructs and advises patients on handling, operation, use and management of devices.		

Please comment on the candidate's suitability to complete the programme they have applied for:

Signed:	
Position:	
Date:	



Appendix 2 Health Declaration

HEARING AID APTITUDE TEST

Please complete this form in BLOCK CAPITALS.

CANDIDATE INFORMATION				
Surname		Title		
First Name				
DOB				
Work/placement Address				
Post Held				

EMPLOYER/ PLACEMENT SUPERVISOR OR MEDICAL EXPERT PROVIDING DECLARATION				
Surname			Title	
First Name				
Work Address		Telephone Number		
Post Held				
Relationship to candidate				

Declaration of Health

To the best of my knowledge I can confirm that the health of the candidate will allow them to perform their duties as a Hearing Aid Audiologist without risk to themselves or the public/patients/clients.

Signed by employer/placement supervisor/medical professional:

.....

Date:



Appendix 3 Declaration of Criminal Record Pro-forma

Full name: _____ Date of Birth: _____

Programme of study applied for: HEARING AID APTITUDE TEST

Please tick as appropriate.

□ I do not have a criminal record, including any spent convictions that are not filtered

□ I have a criminal record to disclose, and I confirm that I will provide further information.

Please send full details of any criminal convictions including any spent convictions that are not filtered to admissionsug.eps@southampton.ac.uk. Please be reassured that this is a secure and confidential email service. Having a conviction may not automatically bar applicants from being made an offer. The information you disclose will be reviewed by relevant staff within the faculty with knowledge of the Professional Body and programme requirements, to determine whether there would be any barriers as a result of the conviction(s).

Signed: _____ Date: _____

Additional information:

The University is also required to undertake enhanced criminal records checks on potential and/or enrolled students undertaking a programme of study that leads towards professional registration where the professional body requires a check as a pre-condition to entry and practice. Programmes of study that have a practice component, which will lead to a professional registration are governed by a requirement that students demonstrate their 'Fitness to Practise'. Any applicant who is eligible to be made an offer who did not declare a conviction at the point of application but which subsequently arises from an enhanced DBS check, will be considered under the University's Fitness to Practise Policy, which takes in to account matters of professional conduct.

For more information about how we handle applications with a criminal record, please see our Policy and Guidance for Applicants with Criminal Records, and our applying with a criminal record advice webpage.