Form for application of alternative HTNZ supervision course approval

### Applicant details

|  |  |
| --- | --- |
| Applicant name:  |  |
| HTNZ membership number: |  |
| HTNZ membership status:  |  |
| Registered member  |  |
| Email:  |  |
| Telephone:  |  |

### Course details

|  |  |
| --- | --- |
| Course title: |  |
| Location:  |  |
| Institution:  |  |
| Duration (hours): |  |
| Date(s)  |  |
| Presenter(s)  |  |
| Presenters qualifications:  |  |
| Evidence of attendance:  | *Please attach the certificate to your email* |
| Content outline:  | *Please give details* |
| Cultural safety  | *Please tell us about the course content that will help you to create culturally safe supervision, in particular for Māori and Pasifika colleagues.*  |
| Models of adult learning  | *Please tell us about the course content including models of adult learning that will help you to more effectively teach and support the development of hand therapy clinical skills and competencies.* |
| Supervision session structure  | *Please tell us more about the course content that will inform how you will structure supervision sessions.*  |
| Course evaluation  | *Please tell us about the course evaluation process:* |

###