

**HTS Equivalence Route Application form**

This route is currently only available for the Paediatric Audiology 6 months + module

*Please complete this form fully and in capitals, and then email the form along with your evidence as outlined below to the BAA.*

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| --- | --- | --- | --- |
| Basic details | | | |
| First name |  | Surname |  |
| BAA membership number |  | | |
| Contact work address  (including postcode) |  | | |
| Email address |  | | |
| Telephone (work) |  | | |
| Telephone (mobile) |  | | |
| Proposed location for exams  (if different from contact address above) | Department name |  | |
| Address including postcode |  | |
| Details of any dates or days of the week NOT available for examination | (NB if no dates / days are listed it will be assumed that the exam can be booked for any available date) | | |

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| --- | --- | --- | --- |
| Summary of training & experience | | | |
| Formal audiology qualifications, please list all with date of award (e.g. BSc Audiology, BAAT 1&2, MSc Audiology, M-level modules, other HTS modules). | |  | |
| Where did you receive your paediatric audiology training (e.g. please list departments) | |  | |
| If you have less than five years post-qualification (i.e. post BSc or MSc) experience in paediatric audiology, please explain why you feel suitable to apply for the equivalence route. | |  | |
| Payment details | | | |
| For registration fee | PO number | |  |
| Invoice to be sent to (full postal address) | |  |
| Email address | |  |
| For examination fee | PO number | |  |
| Invoice to be sent to (full postal address) | |  |
| Email address | |  |

Please submit the following with your application:

* How you have developed your clinical knowledge over time such that it is now at or above the requirements for the module as outlined in the module specification. This must be no more than 1 side of A4. You might outline courses you have attended, self study, tutorials, attending journal clubs, CPD etc. This might include training in literature searching and critical appraisal. This summary should give the timeline of you acquiring and maintaining this level of knowledge.
* How you have developed your clinical skills over time such that it is now at or above the requirements for the module as outlined in the module specification. This should be no more than one side of A4. This should detail how, when and where you gained your clinical training, who supervised you and if records of this training were kept etc.
* A case study, which demonstrates your ability to critically reflect and also includes reference to the evidence base to justify the decisions made. This should be no more than 2 sides of A4.
* A letter from your line manager supporting you application and also agreeing you meet the criteria. This does not need to be detailed and can reference the other evidence you have submitted.

I confirm the following:

1. The information on this form is correct to the best of my knowledge
2. I am submitting the four documents listed above with this application
3. I have a minimum of five years **post qualifying** experience in paediatric assessment in the 6 months - 4 year age group **or** I understand that individuals with less experience will be considered by the committee on an individual basis and I have added my justification above
4. I have read and am familiar with the HTS regulations, HTS handbook and module specification
5. I am aware I will be examined against the current learning outcomes and to the same standard of a full HTS candidate. This includes the viva section of the clinical examination which assesses the theoretical knowledge requirements detailed in the module specifications.
6. I have up to date skills and knowledge in line with the module specification to include theoretical knowledge, part a procedures and part b clinical competencies, and to provide evidence of this in the
7. I understand this examination is at M-level and have correct expectations
8. I take responsibility for organising the exam as outlined in the handbook and regulations if the exam is to be hosted in their home department. If demand is high, exams may be centre based, so members need to be prepared to travel.
9. I am aware I have to pay the registration fee to have my application assessed. If I wish for my employer to be invoiced I have entered the details in the payment box. If paying for this myself I am aware I will be invoiced by the BAA.
10. I am aware that once the registration fee has been paid, I will have a viva with two members of the HTS committee, to check I am suitable for examination. This will involve discussing the case study I submit and discussing expectations of the exam (organisation and level of competence required.
11. I am aware that if I am successful at the viva I will I will receive **an invoice** for the exam fee. Payment will need to be received within 30 days or in advance of the exam, whichever is the sooner, and if not, examination cannot go ahead.
12. I am aware that the current fees are given on the BAA website. These are subject to review and may increase on 1st April each year. I am aware the fee I am charged will be the fee advertised on the date the application was received for the registration fee and the data of the viva for the examination fee.

I understand the information I submit on this form will be held confidentially by BAA and used to communicate with you and in the running and monitoring of the HTS scheme.

**Signed (applicant)\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ Date \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

*If you have any questions please view our privacy policy at* [*https://www.baaudiology.org/privacy/*](https://www.baaudiology.org/privacy/)