

The Hearing Aid Council  
70 St. Mary Axe  
London  
EC3A 8BE

[To prevent delay in processing  
please complete everything  
in full. No omissions]

**CHANGE OF SUPERVISOR FORM**

**TRAINEE**

Surname:

All Forenames:

Residential Address:

**NEW SUPERVISOR**

Registration number:

Surname:

All Forenames:

Residential Address:

**YOUR FULL TIME EMPLOYERS NAME  
DURING YOUR TRAINING:**

**YOUR EMPLOYERS NAME:**

Your date of Birth:

Address from which you and your  
trainee will be operating:

Date First Notified as a Trainee:

Trainee's signature:

Supervisor's signature:

Date

Date

NAME OF FORMER SUPERVISOR: