



**Centre for
Health &
Social
Practice**

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CAMPUS

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TRAINEE SMEAR TAKER CLINICAL SUPERVISION AGREEMENT

I,.....(accredited smear Taker/Doctor)

agree to supervise and support (trainee's name)

during the smear taking practical training component of the Smear Takers Certificate Course.

In agreeing to meet the minimum National Cervical Screening Programme Operational Policy and Quality Standards (2014) including Section 3: Cervical Screening Services (2017), I confirm the following:

- I agree to support the commitment to uphold the policy and protocols of the National Cervical Screening Programme.
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- I am a Doctor **or** certified smear taker of two years minimum experience
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- My smear adequacy rate is a least 97%
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- I understand that in agreeing to act as a supervisor, that this means I will be present in the room during the whole of the smear taking procedure, including history taking for smears 4 – 13 and following that will provide whatever supervision is recommended by the smear taker Trainer/Assessor
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- Date of last Smear-taker update _____ (must be in the last 12 months)

Signed:

Accredited Smear Taker/Doctor

Signed:

Trainee Smear Taker

Dated:

Please return with your enrolment application