Professional Registration

Personal details

First name | Ingoa:

Surname | Ingoa whānau:

Iwi: Hapū:

Mailing address/Wāhi noho:

Postcode: City | Taone:

Country | Whenua:

Phone | Waea:

Email | Īmēra:

Approved Professional Organisation

Please state which organisation. You do not have to have been a member for a specified time. Non-LIANZA members need to provide evidence of their membership to an affiliate organisation.

- [ ] Library & Information Association of New Zealand Aotearoa (LIANZA)
- [ ] Te Rōpū Whakahau (TRW)
- [ ] School Library Association of New Zealand Aotearoa (SLANZA)
- [ ] New Zealand Law Librarians' Association (NZLLA)
- [ ] Special Libraries Association (SLA)
- [ ] International Association of Music Libraries, Archives and Documentation Centres (IAMLNZ)
- [ ] Australian and New Zealand Theological Library Association (ANZTLA)

Professional Registration

Application Route

Please select the route you are applying for LIANZA Professional Registration

- ☐ Route A – Recognised Library and Information Qualification
- ☐ Route B – Recognised overseas library and information Qualification
- ☐ Route C – Other circumstances

Current employment

Position Held | Tūranga:

Commencement:

☐ Full time ☐ Part time

Name of organisation:

Employer verification

Name | Ingoa:

Position | Tūranga:

Phone | Waea:

Email | Īmēra:

Employer notification

☐ I would like my employer listed above notified if my application is successful

Professional Registration

Application fee

Application fee payment $57.50 incl GST (non-refundable)

Once you've submitted your application you will be sent an invoice, this can be paid by credit card or direct bank transfer.

Checklist

The following documents have been included with this application

- [ ] CV
- [ ] Copy of official academic transcript
- [ ] Association membership (if non-LIANZA membership)
- [ ] A mapping of my career against the 11 Bodies of Knowledge and how they relate to the New Zealand environment (if Route B or C)

Declaration

I, declare that,

- I wish to apply for a LIANZA Associateship
- I solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct
- I understand LIANZA may contact institutions or individuals named in this application to verify the information provided

Signed:

Date:

Send completed application to officeadmin@lianza.org.nz