



# LIANZA APPLICATION FOR AWARD OF PROFESSIONAL EXCELLENCE

Please use this form if you are applying yourself for the LIANZA Award of Professional Excellence

## 1. APPLICANT DETAILS

First Name/*Ingoa* .....

Preferred First Name (if different to formal) .....

Surname/*Ingoa whānau* .....

Title ..... Previous name .....

*Iwi* ..... *Hapū* .....

Preferred Mailing Address/*Wāhi noho* .....

Postcode ..... City/*Taone* .....

Country/*Whenua* .....

Phone/*Waea* ..... Cell Phone/*Waea pūkoro* .....

Email/*Ī mēra* .....

## 2. LIANZA MEMBERSHIP

Start Date .....

Membership Number .....

## 3. REFEREES

*Please attach all relevant documentation from checklist below*

Request made to three referees to provide confidential report to LIANZA Office





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## 4. REFEREES

Name/*Ingoa* .....  
Phone/*Waea* .....  
Email/*Īmēra* .....

Name/*Ingoa*.....  
Phone/*Waea* .....  
Email/*Īmēra* .....

Name/*Ingoa*.....  
Phone/*Waea* .....  
Email/*Īmēra* .....

## 5. DECLARATION

I ..... declare that,

- 1. I wish to apply for the LIANZA Professional Excellence Award
- 2. 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
- 3. I understand LIANZA may contact institutions or individuals named in this application to verify the information provided

Signed ..... Date.....

