



LIANZA NOMINATION FOR AWARD OF PROFESSIONAL EXCELLENCE

Please use this form if you are nominating someone for the LIANZA Award of Professional Excellence

1. NOMINEES 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





LIANZA NOMINATION FOR AWARD OF
PROFESSIONAL EXCELLENCE

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 nominate 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

