



LIANZA APPLICATION FOR PROFESSIONAL REGISTRATION

1. PERSONAL DETAILS

Your name as entered here will appear on any certificates awarded by LIANZA and the Registration Roll on the LIANZA website.

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



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3. 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

4. CURRENT EMPLOYMENT

Position Held/*Tūranga*.....

Commencement Please specify hours per week.....

- Full time
- Part time

Name of Organisation.....

5. VERIFIED BY EMPLOYER'S REPRESENTATIVE:

Name/*Ingoa*.....

Signature/*Tohu*.....

Position/*Tūranga*.....

Phone/*Waea*.....

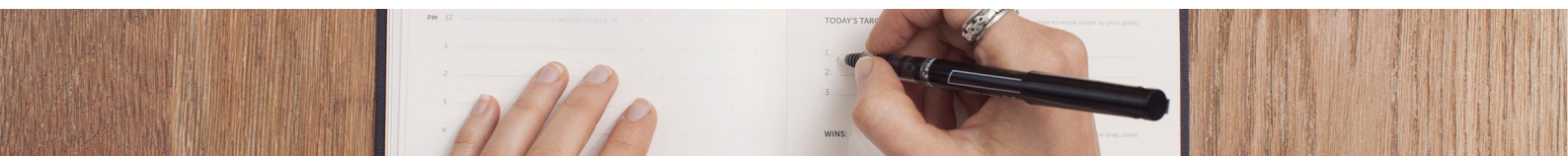
Email/*Īmēra*.....

6. DECLARATION

I declare that,

1. I wish to apply for professional registration.
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 the Library and Information Profession Registration Board may contact institutions or individuals named in this application to verify the information provided.
4. I am happy for the LIANZA office to list my name and revalidation date on the LIANZA website if approved for professional registration.

Signed Date





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7. REGISTRATION APPLICATION FEE

Application fee payment \$57.50 incl GST (*non-refundable*)
Cheques should be made payable in NZD to: LIANZA

8. PAYMENT DETAILS

Payment Method

Invoice Credit Card Cheque
 MASTERCARD VISA Card Expiry Date.....
Card Number
Cardholders Name.....
Cardholders Signature.....
Amount Paid \$.....

9. REGISTRATION APPLICATION CHECKLIST

The following documents have been included with this application:

- My CV
- My Academic Transcripts
- Association Membership (*if non-LIANZA membership*)
- A mapping of my career against the 11 Bodies of Knowledge and how they relate to the NZ environment (*if Route B or C*)
- Payment method selected

