

# APPLICATION FORM

## LIANZA DEMENTIA BOOK FRIENDLY BOOK CLUB APPLICATION FORM

Name of library:

Person(s) making this application:

Postal Address for library:

### Contribution to your library community:

Please outline why your library wishes to set up a Dementia Friendly Book Club (200 words)

### Declaration:

- |                          |   |                          |   |  |
|--------------------------|---|--------------------------|---|--|
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Our library is a LIANZA institutional member   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Our library does not currently offer a dementia friendly book club   |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | We will participate in the research project led by Victoria University of Wellington in 2020                                 |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | We will participate in any community of practice developed to support the establishment of 20 book clubs around NZ           |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Our library has the people and resources to begin offering the book clubs in early 2020 and maintain the programme long term |
| <input type="checkbox"/> | Y | <input type="checkbox"/> | N | Our library manager has given approval and support for our library to be involved in this initiative                         |

Signed:

Date: