

PROFESSIONAL EXCELLENCE

USE THIS FORM TO APPLY FOR THE LIANZA AWARD OF PROFESSIONAL EXCELLENCE

1. APPLICANT DETAILS

First name/*Ingoa*

Surname/*Ingoa whānau*

Title Previous name

Iwi..... *Hapū*.....

Mailing address/*Wāhi noho*

.....

Postcode City/*Taone*

Country/*Whenua*.....

Phone/*Waea* Cell phone/*Waea pūkoro*

Email/*Ī mēra*.....

.....

2. LIANZA MEMBERSHIP

Minimum of two years personal membership required

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 (officeadmin@lianza.org.nz)



Library and Information Association of New Zealand
Te Rau Herenga O Aotearoa

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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

Send completed application to officeadmin@lianza.org.nz



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