



# 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* .....

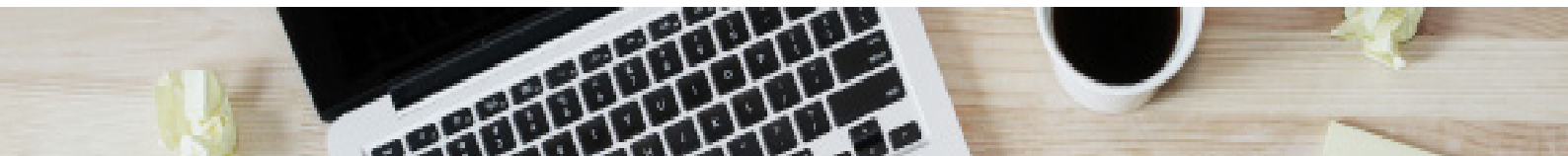
## 2. APPROVED PROFESSIONAL ORGANISATION

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*.....

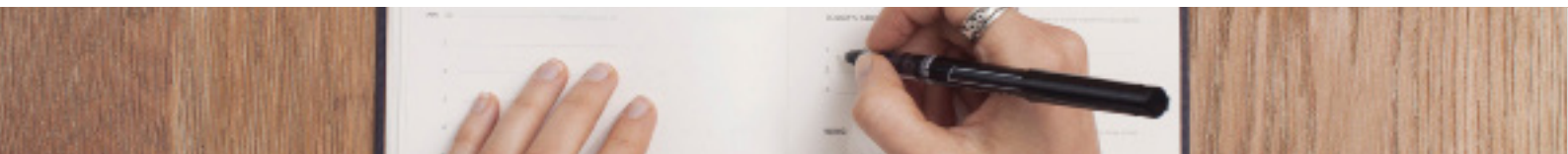
Email/*Īmēra*.....

### 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

Card Number .....

Cardholders Name .....

Card Expiry..... CVC Code .....

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

## 10. EMPLOYER NOTIFICATION

Please supply the name & contact details of your employer that you would like to be notified if your application is successful.

Name: .....

Email: .....

Postal Address: .....

