

# DIRECTORY FORM YOUR DETAILS



Tick here if you are listed in the 2009-2010 Directory and have no updates/changes

Go to the Privacy Statement at the end of this form and sign

**NAME** (as you wish it to appear)

**QUALIFICATION(S)** (full title)

**TERTIARY INSTITUTION**

**GRADUATION YEAR**

## WORKING LANGUAGES

(not passive or intermediate level)

## PREFERENCES

Please circle your ALL of your preferred settings. The areas you in which you do not wish to interpret will no longer be noted.. The new Directory will have an additional searching tool by preference.

|                       |                         |                                     |
|-----------------------|-------------------------|-------------------------------------|
| Bereavement           | Escort                  | Platform/public events              |
| Civil Unions          | Government              | Police                              |
| Community             | Legal                   | Political                           |
| Conference            | Marae                   | Religious/Spiritual                 |
| Court                 | Medical/Surgical        | Sports/Recreation                   |
| Deafblind             | Mental Health           | Television/Theatre/Live performance |
| Education: Compulsory | Phone interpreting/     | Tikanga Māori                       |
| Education: Tertiary   | teleconferences/on-line | Weddings                            |
| Employment            | video-link              | Other(s), please specify:           |

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## RELEVANT BACKGROUND

### EXPERIENCE

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|                      |     |    |                      |     |    |
|----------------------|-----|----|----------------------|-----|----|
| <b>SLIANZ MENTOR</b> | Yes | No | <b>SLIANZ MENTEE</b> | Yes | No |
|----------------------|-----|----|----------------------|-----|----|

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|---------------------------------|-------------------------|-------------|
| <b>AFTER-HOURS AVAILABILITY</b> | Subject to availability | Unavailable |
|---------------------------------|-------------------------|-------------|

Otherwise please list days, etc:

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|        |         |                         |
|--------|---------|-------------------------|
| Phone: | Mobile: | Suburb/Area (optional): |
| Fax:   | E-mail: |                         |

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## PRIVACY ACT (1993): STATEMENT

SLIANZ Inc collects the above information to compile and publish an electronic PDF Directory of Qualified Members. This Directory will be distributed to organisations and individuals that make use of Sign Language Interpreters, and is available on request. Failure to provide the above information could result in a delay in the processing of your application and omission from the SLIANZ Register. You have the right to access and correct any information about yourself that is held by SLIANZ. This information will not be passed to any third parties except as required under the Privacy Act 1993.

Please note: Signature implies consent for information provided here to be published in the Directory.

**DATE**

**SIGNATURE**

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