

DIRECTORY FORM FOR THE YEAR 2012/2013



(Please fill in this form if you are a new member,
or if your details have changed from 2011/2012)

This form is interactive. You can click in the spaces provided, then type or tick.
If you prefer to post in the form, simply print this sheet, then fill in your details.

YOUR DETAILS

NAME (as you wish it to appear) _____

QUALIFICATION(S) (full title) _____

TERTIARY INSTITUTION _____ GRADUATION YEAR _____

WORKING LANGUAGES(not passive or intermediate level):

PREFERENCES

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

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

RELEVANT BACKGROUND EXPERIENCE:

SLIANZ MENTOR: Yes No

SLIANZ MENTEE: Yes No

AFTER-HOURS AVAILABILITY

Unavailable Subject to availability

Otherwise please list days, etc:

Phone:

Fax:

Mobile:

E-mail:

Suburb/Area (optional):

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.

SIGNATURE: _____

DATE: _____