

Application for accredited status of ACCREDITED MEMBER

Please refer to the ‘**ACCREDITED MEMBER - Guidelines and Requirements**’ document prior to completing this application. The guidelines have been created to answer queries regarding the process, standards and criteria for accreditation as fully as possible. If you have any queries regarding accreditation after reading these guidelines please contact the National Secretariat in the first instance:

Phone: 09-280 4419

Email: secretary@NationalSpeakers.co.nz

There are two parts of assessment:

- **Part 1** is objective and creates a threshold. Assessment at Part 1 reviews evidence of the number of presentations undertaken and fees/revenue earned. The NSANZ Secretary will verify and shall undertake the relevant checks of information provided under Part 1 of the application i.e. contacting clients to confirm engagement details and revenues earned and so on, and notify the Assessment Panel of the validity of the information as appropriate.
- **Part 2** is subjective and measures eloquence by way of direct peer-assessment and evidence of completion of five components of NSANZ’s Core Competency / Academy Intensive (previously known as the Professional Development Series). Part 2 assessment shall be carried out by at least one member of the Accreditation Assessment Panel who is also an accredited member of NSANZ.

Please complete both Part 1 and Part 2 of this application in full, repeating information where necessary, as they will be separated on receipt of application and assessed separately. The onus is on the applicant to ensure both parts of their application are complete. Incomplete applications, including those that note ‘information to follow’ will not be accepted. Applications can only be submitted electronically.

Submission of Application

Applications shall be accepted at any time. Reviews will occur as quickly as possible and presidents notified to award certificate at next Chapter meeting post the review.

Send one copy of both Part 1 and Part 2 of your completed application form, and any additional attachments or enclosures in electronic format to secretary@NationalSpeakers.org.nz.



National Speakers Association of New Zealand
Application for accredited status of
ACCREDITED MEMBER

Name of applicant	Chapter applicant is a member of
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Part 1 – PRESENTATIONS SUMMARY

1.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

2.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

3.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

4.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

5.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

6.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

7.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

8.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

9.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No



10.

Name of client	Fee / revenue earned (Excluding GST)
Type of Presentation	Date & Location of presentation
Name, phone and email for contact person	
Testimonial attached	Yes/No

Additional Comments or References:

Name of applicant	Chapter applicant is a member of
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Part 2 – ELOQUENCE ASSESSMENT

1.

Link to electronic copy of the video	Yes / No Assessor's verification of eloquence Yes / No Assessors initials:
Please provide date you attended the Academy Intensive or equivalent	
Confirmation of Financial Status	Yes / No
Assessment fee of \$75.00 to be deposited to NSANZ Account Number: 02 0112 0110474 000	Yes/No

Official Declaration

In submitting this application for accreditation, I warrant that all information provided herein is truthful and accurate. I accept my application may be audited to verify the authenticity of information provided. I accept that should this application be found to contain false or misleading information, either during the assessment process, or after accreditation has been awarded, the application will be rejected and/or accreditation status withdrawn, the fee forfeited and I will be barred from re-applying for a period determined by the National Executive upon the recommendation of the Assessment Panel. I also accept I may be required to meet with members of the national Ethics Committee who will follow due process in deciding what course of punitive action, if any, make by taken as a result.

Application authorisation/signature	Date of declaration
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