

**CONFIDENTIAL**

APPLICATION FOR ADMISSION TO THE REGISTER OF FELLOWS

Before completing this form, candidates are advised to read the document *Scheme of Award of Fellowship of the Library Association of Ireland*

*Email queries to* [professionalstandards@libraryassociation.ie](mailto:professionalstandards@libraryassociation.ie)

LAI membership no.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Forename \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Phone no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Employment Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Present position held: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**8. Professional education/Qualifications**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| From | To | Institution Attended | Course  Units | Qualifications  Obtained |
|  |  |  |  |  |

**9. Date of Award of Associateship (ALAI**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10. Documentary evidence submitted.**

Please submit a portfolio which should include a copy of your curriculum vitae, a personal statement of no more than 500 words and any other relevant documentation. All supporting documents should have the candidate’s name on each page.

Please list here any additional information which is being submitted in support of this application.

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**11. References**, one must be from your current or last employer.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_ Title/Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**12. Certification**

I certify that the above details are correct. I am an Associate member in good standing of the Library Association of Ireland and I hereby apply for election to the Register of Fellows. I have enclosed the registration fee of €150.00

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**13. Payment details** (please tick as appropriate)

I enclosed a cheque for €\_\_\_\_\_\_\_ payable to the Library Association of Ireland



Please charge my Visa /MasterCard €\_\_\_\_\_\_\_

Card No:**❑❑❑❑ ❑❑❑❑ ❑❑❑❑ ❑❑❑❑**

Expiry Date: **❑❑/❑❑**

**14. Application submission**

Please post application and portfolio together with payment to:

Hon Secretary,

Library Association of Ireland,

C/O, Dublin City Library & Archive,

Administrative Headquarters,

138-144, Pearse Street,

Dublin. 2

Please mark envelope clearly as follows:

**For the attention of:**

**Ms M. Sliney, Education Committee: Professional Standards**

Email: [professionalstandards@libraryassociation.ie](mailto:professionalstandards@libraryassociation.ie)

|  |  |
| --- | --- |
| FOR OFFICE USE ONLY  Quals checked: ⁪ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ALAI checked ⁪ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Educ Comm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Payment recd: ⁪ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  XB: ⁪ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Database updated: ⁪ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |