

# New Zealand Museums Standards Scheme

*Ngā Kaupapa Whaimana a Ngā Whare Taonga o Aotearoa*

## Self and Peer Review Registration Form

*Pepa Tātari Rēhita i ā koe anō, mai i ōu hoa hoki*

*Please fill this form out as fully as possible, and send to:*

National Services Te Paerangi, Te Papa, PO Box 467, Wellington

PLEASE PRINT

Museum name

Museum address

Address for correspondence  
(if different from above)

Telephone

Facsimile

Email

### Contact person

Contact person's name

Position

Telephone

Facsimile

Email

Agreement to undertake all modules

Agreed self review report submission date

Director or equivalent  
(please print name and sign)

Head of governing body  
(please print name and sign)

Date

Please keep a copy at your museum