**New Zealand Museums Standards Scheme**

***Ngä Kaupapa Whaimana a Ngä Whare Taonga o Aotearoa***

**Self and Peer Review Registration Form**

***Pepa Tätari Rëhita i ä koe anö, mai i öu hoa hoki***

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

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

Museum name Museum address

Addressfor correspondence

(if different from above)

**PLEASE PRINT**

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

*Self and Peer Review Registration Form* **01**