



**ilanz**

**International Languages  
Aotearoa New Zealand**

*Language Advisers  
Exchange Programmes  
Professional Development*

SAMPLE COPY ONLY

Date.....

### CERTIFICATE

This is to certify that the following person is a participant of the Ministry of Education's Foreign Language Teaching Assistantship Scheme (the Scheme):

**Name:**

**DOB:**

**Nationality:**

**Passport number:**

Their participation on the Scheme commences (date) and ends (date).

International Languages Aotearoa New Zealand (ILANZ) is responsible for the administration of the Foreign Language Teaching Assistantship Scheme on behalf of the Ministry of Education.

Project Officer: International Projects