DIOCESAN ARCHIVES FORM 4





RESEARCHER APPLICATION FORM

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Parent Policy: Completed forms to be forwarded to:		Policy 43 archives@perth.anglican.org	
Name: Address: Phone: Drivers Licence: Email: NOTE: Please include a page	photocopy of your identification and re	eturn with form.	
Nature of research? Family History School History Local History Parish History Educational Assig	Details: e.g. subject, school and gnment supervisor		
PLEASE READ CAREFULLY AND SIGN BELOW 1. I hereby apply for access to records held in the Diocesan Archives for the purpose of the above research project. 2. I agree that, where The Trustees own the copyright in the records held in the Diocesan Archives, it shall not by reason of the granting of access be deemed to have assigned or otherwise transferred the copyright of the records. 3. If requested, I undertake to provide the Trustees with a copy of any book, article, assignment or theses, published or not published, arising from my consultation of the records held in the Diocesan Archives. 4. I undertake to indemnify the Trustees and its officers and agents against any actions, claims, proceedings, costs and damages arising out of the granting of access to the records held in the Diocesan Archives, the copying of any of those records or giving of any information, including any claim that such granting of access, copying or giving of information is defamatory, a breach of confidence, or an infringement of copyright and all legal costs and expenses arising out of any such action, claim or proceeding. Signed: Date:			
Office use only Alterations to form	Name: Signature:		Date:
approved by:			