

ARCHIVES OF THE BENEDICTINE COMMUNITY OF NEW NORCIA INC

**PERMISSION TO ACCESS FORM – 9.5.1**

This form must be completed by the researcher and countersigned by the Superior of the Benedictine Community of New Norcia Inc., before access to any records will be permitted.

Fill in this form and post it to the Superior, Holy Trinity Abbey, New Norcia, WA 6509. If he is willing to approve your request he will sign it and return it to you.

Microfilmed records, only, are available at the JS Battye Library, Alexander Library Building, Perth.

Microfilmed and original records are available at the Archive, Holy Trinity Abbey, New Norcia.

You need to present the countersigned form at the centre you wish to use.

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**PART 1**

Name of researcher \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Mobile number \_\_\_\_\_

Fax Number \_\_\_\_\_ Email \_\_\_\_\_

Date of Application \_\_\_\_\_

Client's name (if the research is for someone other than yourself)

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Client's address \_\_\_\_\_

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**Purpose of research:**

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**Titles of records to which access is requested. Accession numbers or microfilm numbers.**

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If insufficient space please attach a listing.

## PART 2

### Statement of Honour - please read and sign.

On behalf of myself and my client, (if any), I undertake that I will not disclose to any other person or publish any information contained in these records which I am aware is likely to cause embarrassment or distress to any other persons or organizations. I will not disclose to any third party or record in or use in the results of my research any matter relating to any person which has occurred after 1920.

I will not publish or disclose to any person other than those described in the "Purpose of Research" section of the Permission to Access form, nor will I include in any thesis, report or other result of my research which is to be published or made available to the public, any material from these records without first submitting my text to the Superior of the Benedictine Community and obtaining his permission to use the material in this way. I will not make use of any material in the records that does not pertain to the subject of my research as has been disclosed to the Benedictine Community in the Permission to Access form.

Signed \_\_\_\_\_ Date \_\_\_\_\_

If these undertakings are breached in any way or form no further permission for access will be granted.

#### Referees and/or Course controllers.

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

### Statement of Permission:

I hereby give permission for \_\_\_\_\_

to be given access to the above records for the purposes stated on the Permission to Access form, subject to any modification noted below.:

*Permission is granted on condition that any writings or research which derive from the records of the Archives of the Benedictine Community of New Norcia and which are intended for publication and / or wider distribution must be submitted to the Abbot for approval before the publication of the writings or research. Permission to publish will only be granted once the writings meet with the Abbot's approval.*

until \_\_\_\_\_ on the condition that the undertakings made above and the rules of the search room are duly observed.

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

Superior of the Benedictine Community of New Norcia Inc.

**PART 3**

**PERSONS RESEARCHING ABORIGINAL HISTORY**

I undertake that I will be sensitive to the areas which are likely to distress the Aboriginal people and will not knowingly make use of any information from these records which is likely to cause such distress. I will not make use of, record, or disclose to any other person any of the following without permission from the Superior of the Benedictine Community and from any other person from whom the Archivist indicates the permission is required:-

1. the personal names of Aboriginal persons who have died,
2. any details of Aboriginal ritual and/or ceremonial activities,
3. locations of significant Aboriginal sites.

Name.....

Address.....

Phone Number.....Date.....

Signed.....

