



Uniting Church in Australia

Western Australia

Uniting Church Archives
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**The Uniting Church in Australia
Synod of Western Australia**

ARCHIVES POLICY

PERMISSION TO ACCESS RESTRICTED RECORDS

[FORM B]

This form must be completed by the researcher and countersigned by the Archivist of the Uniting Church in Western Australia or a Battye Private Archives Adviser before access to any records will be permitted.

Restricted Records may NOT be photocopied

Name of Researcher _____

Address _____

Telephone Number _____ Fax _____ email _____

Client's Name (if the research is other than personal) _____

Client's Address _____

Purpose of Research _____

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

[N.B Please attach a list if you need more space.]

Referee or Course Controller Name: _____

Address : _____ Date: _____

STATEMENT OF HONOUR : Please read and sign

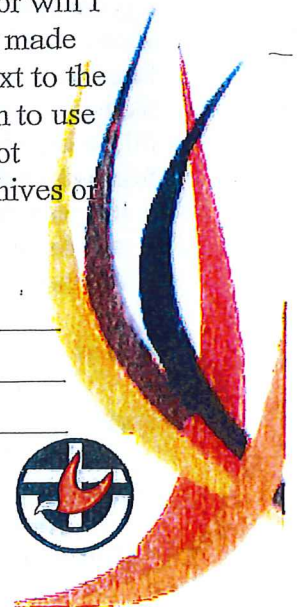
On behalf of myself and my client [if any] I undertake that I will not publish or disclose to any person other than those described in the 'Purpose of Research' section of this form, nor will I include in any thesis, report or other result of my research which is to be published or made available to the public, any material from these records without first submitting my text to the Archivist of the Uniting Church Synod of Western Australia and obtaining 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 Uniting Church Archives or the Battye Library Private Archives on this form.

Signed _____ [Researcher] Date _____ ID Check _____

Signed _____ [Hon. Archivist, Uniting Church] Date _____

Signed _____ [Battye Library Private Archives] Date _____

*All three signatures required





ARCHIVES POLICY

REQUEST FOR ACCESS TO RESTRICTED ABORIGINAL RECORDS [FORM A]

Question : Is your request for personal Aboriginal Family History?

If YES, please complete this form [Form A] If NO, turn to the other side [Form B]

Restricted Records may NOT be Photocopied

Researcher

Surname _____

Given names _____

Address _____

Telephone _____ Fax _____ e-mail _____

Parents' names [where applicable]. _____

Permission To Access Information Concerning The People Listed Below

Name of and relationship to those listed below who have given you permission to access their records:

1 Name _____ Relationship _____

Date permission granted _____

2 Name _____ Relationship _____

Date permission granted.....

Titles of records to which access is requested. Names, accession numbers or microfilm numbers

N.B. Please attach a list to this form if you need more space.

Statement of Honor : Please read and sign

I, (your name)....., undertake that I will be sensitive to the feelings of the above mentioned persons, by not telling other people details which may distress them or their families. I will not knowingly make use of any information from these genealogical records which is likely to cause such distress. I will not make use of, or disclose to any other person, any of the following without permission from the Archivist, Uniting Church Archives and from any other person from whom the Archivist indicates permission is required:

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

Signed _____
[Researcher]

Date _____

ID Checked _____

Signed _____
[Archivist, Uniting Church Archives]

Date _____

Signed _____
[Battye Library Private Archives]

Date _____

* All three signatures required

