ARCHIVES OF THE CATHOLIC ARCHDIOCESE OF PERTH



**Application to Publish or Quote from the Archives Collection**

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Please complete all sections and sign the Declaration (over page).

**1 Full name and contact details of applicant**

|  |  |
| --- | --- |
| Surname  |  |
| First name |  |
| Address |   | Work Phone |  |
| Mobile |  |
| Email |  |
| Organisation |  |

**2. Application to publish or quote**

I am creating the following project:

🞏 Exhibit or display 🞏 Publication (printed matter) 🞏 Broadcast(radio, television, film)

🞏 Multi media (CD\_ROM, DVD, video) 🞏 Website (internet, intranet) 🞏 Other

**Please provide the title or description of the project:** For publications please include the title and publisher; for exhibitions or displays please include the name and location of the gallery, museum or public space; for broadcasts – the details of the broadcast; for websites – the URL.

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**3. I request permission to use the following:**

🞏 Textual records

🞏 Photograph

🞏 Map or plan

🞏 Film, video, sound recording

**4. List of material:** (Archivist to complete)

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| Reference code (collection/series/item) | Title/description | Date |
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**Note:** Permission requests are for one time use only. If you wish to re-issue, re-broadcast or re-publish, please submit another request form.

**5. Declaration**

If permission is granted, I understand and agree to abide by the following conditions:

1. Compliance with the requirements of the *Copyright Act 1968* is my responsibility and the Archives of the Catholic Archdiocese of Perth is not liable if I fail to comply. I accept responsibility for obtaining the consent of the copyright owner if necessary.
2. I will include in the publication acknowledgement of the source of the items described on this application as *Archives of the Catholic Archdiocese of Perth*

Name (PRINT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**6. Approval**

|  |  |
| --- | --- |
| Recommendation |  |
| Authorised Officer |  | Date |  |
| Notification to applicant |  |