



State Records Office of Western Australia

RESEARCHER REGISTRATION

Registration No: _____

1. Researcher

Title _____ Given Name/s: _____

SURNAME: _____

PERMANENT RESIDENTIAL ADDRESS: _____

_____ Postcode _____

WORK ADDRESS _____

_____ Postcode _____

TELEPHONE: Work _____ Home: _____ Mob. _____

Email (optional): _____

Conditions of use - We ask researchers to respect the physical integrity of the records while handling them. These records are unique and cannot be replaced. Failure to comply with these conditions may result in access to records being withdrawn.

- ✓ **Lead pencils only** are allowed in the Search Room.
- ✓ **No pens or markers.**
- ✓ Records are not to be marked or damaged. Do not use rubber finger stalls or lick your fingers to turn pages. Do not flick through pages.
- ✓ Do not use post-it notes or other sticky markers or labels.
- ✓ Loose papers and pages in files and folders must be left in the order in which you received them. Do not remove pages for photocopying or rearrange the records.
- ✓ No food or drink are allowed in the Search Room.
- ✓ Use book pillows for volumes.
- ✓ No bags are to remain in the Search Room. Lockers are provided.
- ✓ Switch off your mobile phone. (Please contact desk staff if you are expecting an emergency call.)

Researchers agree to protect the privacy of individuals by judiciously using information located in records held by the State Records Office.

Copying - Copying of material is allowed under the private study and research provisions of the Copyright Act. Copying, other than photographic copies, may only be done by staff. In doing any copying the physical integrity of the record is the primary consideration.

End of use – Return records to the Search Room Desk. The yellow slip that accompanied the item should be marked "Finished", or with the name on the tag end scored through, and must be returned with the item.

2 I HAVE READ THE CONDITIONS FOR THE USE OF ARCHIVAL RECORDS AND I AGREE TO ABIDE BY THEM.

Signed: _____ Date: _____

3. Identification witnessed by a staff member : _____ Date: _____

REMEMBER: YOU MUST USE PENCIL. COPYING IS LIMITED.