

Oral History Recording Agreement Form

----- *Oral History Project*

FULL NAME OF PERSON INTERVIEWED

NAME OF INTERVIEWER

DATE OF INTERVIEW

COMMISSIONING ORGANISATION/PERSON

COPYRIGHT HOLDER

1. PLACEMENT I, the person interviewed, agree that a recording of my interview and accompanying material will be held at

2. ACCESS I understand that the recording of my interview and accompanying material may be made available to researchers at the above location, **subject to any restrictions in paragraph 4 below.**

3. PUBLICATION I agree that the recording of my interview and accompanying material may be quoted in published works in full or in part and that the recording may be broadcast or used in public performances in full or in part (including electronic publication on the internet), **subject to any restrictions in paragraph 4 below.**

4. I require that there will be **NO** access to _____ (tick appropriate box)

I require that there be **NO** publication of _____

I require that there be **NO** electronic publication on the internet of _____

the following sections of my interview and accompanying material before the review/release date indicated **WITHOUT MY PRIOR WRITTEN PERMISSION.**

SIDE NUMBERS: _____ REVIEW/ RELEASE DATE: _____

5. PRIVACY ACT: I understand that this Agreement Form does not affect my rights and responsibilities under the Privacy Act 1993.

6. COMMENTS _____

Person interviewed

Interviewer

on behalf of project commissioner

Date

Date

Date

NOTE: The terms of this agreement form may be revised or amended only by the person recorded or by the commissioning organisation or person with the authority of the person interviewed. Any amendment must be registered with the commissioning organisation or person.