

Application for Reader Card



Te Rua Mahara o te Kāwanatanga

ARCHIVES
NEW ZEALAND

Personal Details (please print clearly)

Title	Surname	First Name/s
<input type="checkbox"/> Mr	_____	_____
<input type="checkbox"/> Mrs	Postal Address	_____
<input type="checkbox"/> Miss	Private Street Address	_____
<input type="checkbox"/> Ms	_____	_____
<input type="checkbox"/> Dr	Organisation/Government Department (if applicable)	_____
<input type="checkbox"/> Other (Specify)	Home Phone _____	Work Phone _____
_____	Facsimile _____	E-mail _____

Principal Research Interest at Archives New Zealand

<input type="checkbox"/> Government Department	<input type="checkbox"/> Genealogy/Whakapapa
<input type="checkbox"/> Academic/Educational Studies	<input type="checkbox"/> Local History
<input type="checkbox"/> Biographical (other than genealogy)	<input type="checkbox"/> Waitangi Tribunal Claims
<input type="checkbox"/> Business Research	<input type="checkbox"/> Other (please specify) _____

Declaration

I have read and agree to abide by the **Reading Room Guidelines** governing the use of Archives New Zealand's facilities.

I am aware that abuse of research privileges may result in the cancellation of these privileges.

I confirm that the above information is correct and consent to its use in the manner outlines below.

Signature _____ Date _____

The information provided on this form will be used to process your application. Staff having direct access to this information include, staff of Archives New Zealand responsible for reference duties. In appropriate circumstances, this information may be shared with other staff. If this information is not provided, registration will not proceed. Under the Privacy Act 1993, you have a right of access to personal information about you held by Archives New Zealand and you are also entitled to request information about you to be corrected.

Archives New Zealand Use Only

ID verified (type) _____ Card No. _____

Archivist's Signature _____ Date _____

A348478

Request for Permission to use a personal camera



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Terms and conditions of permission:

I agree that I will adhere to all general reading room rules and in addition will **not**:

1. copy any restricted material where access permission does not include copying privileges
2. attempt to flatten files and bound volumes, dismantle files, remove obscuring pages, open sealed envelopes or do anything else that could damage the archive
3. use tripods, lighting, flash photography, or scanners (flat bed or handheld)
4. stand on furniture, use audible copying devices, or engage in any other activity that may disturb other researchers
5. copy archives on the floor or any surface other than tables provided
6. copy any archives that are issued to other researchers

Declaration

1. I am photographing archives held at Archives New Zealand's _____ office for the purposes of research and study
2. I will comply with the Copyright Act 1994 and, where Crown Copyright does not apply, I take personal responsibility for seeking consent from the copyright owner
3. I understand that these photographs are for private use and study. I will not onsell or onsupply any images I make. I understand I need to make a separate application for permission to publish or reproduce items already copied
4. I have read and retained a copy of Archives New Zealand's Fact Sheet on the use of digital cameras, and I will comply with the terms and conditions set by Archives New Zealand
5. I understand that I may not be able to copy some archives due to restrictions on copying, or condition/format of the archive

Signature of applicant

date