

CORK CITY AND COUNTY ARCHIVES CORK CITY COUNCIL (Form Ref. RA/2017.03P)
FORM OF APPLICATION FOR REGISTRATION AS A READER (Print Version)

PERSONAL DETAILS :			
Title:			
First Name:			
Last Name:			
Home Address:			
Address Cork:			
Tel. No:			
Email:			
PURPOSE OF RESEARCH (Please mark X all that apply):			
	Postgraduate dissertation		Undergraduate dissertation or project
	My own family history/genealogy		Editing or copying records for publication
	Preparation of article, book, publication		Media production (TV, Radio, Internet etc)
	Architectural or Conservation Project		Preparation of lecture or conference paper
	Legal or property related search		Official/FOI/Council administration
	Preparation of exhibition		School project
	Artistic/theatrical/literary project		Prep. of local heritage event or project
	Other (<i>Please specify below</i>):		Commissioned Research, Family History & Genealogy
Other:			
INSTITUTIONAL AFFILIATION:			
Title of institution or organisation to which you are affiliated/attached for your research			
Course / department title and status or position held			
Name of Research Supervisor			

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PERIOD OF RESEARCH (Please mark X all that apply):						
Before 1700	1700-1800	1800-1900	1900-1950	1950-1990	1990-2000	After 2000
SPECIFIC TOPIC/SUBJECT OF RESEARCH:						
<i>(What exactly are you researching? Please give the title, and details, and avoid general titles such as 'genealogy')</i>						
Title of Research Topic/Paper/Production						
Details						
Is the Research intended for publication?						
(Please Mark X)	Yes	No				
QUALIFICATIONS, EXPERTISE, PUBLICATIONS, AND MEMBERSHIP OF ORGANISATIONS, RELEVANT TO THIS RESEARCH:						
<u>DECLARATION BY APPLICANT AND DATA PROTECTION CONSENT</u>						
<p>I have read the Rules and Conditions Governing Access To Records and Other Material in the Cork City and County Archives and I agree to comply with them. I consent to my personal data being obtained and processed by Cork City Council, for the purposes of 1) The security and conservation of archive collections and other property in the Archives, and 2) The health and safety of staff and customers in the Archives. I consent to Cork City Council retaining my personal data for as long as is needed for the above stated purposes.</p>						
SIGNED AND DATED: _____						
<u>OFFICE USE ONLY</u>						
Registration Period Granted: FROM:		UNTIL:				
ID with signature:		Proof of Address:				
Archivist Signature:		Entered in Database [] (Tick)				
Date:						