

FORM OF APPLICATION FOR REGISTRATION AS A READER (E-Version)

PERSONAL DETAILS :

Title:	
First Name:	
Last Name:	
Home Address:	
Address Cork:	
Tel. No:	
Email:	

PURPOSE OF RESEARCH (Please mark X all that apply):

<input type="checkbox"/>	Postgraduate dissertation	<input type="checkbox"/>	Undergraduate dissertation or project
<input type="checkbox"/>	My own family history/genealogy	<input type="checkbox"/>	Editing or copying records for publication
<input type="checkbox"/>	Preparation of article, book, publication	<input type="checkbox"/>	Media production (TV, Radio, Internet etc)
<input type="checkbox"/>	Architectural or Conservation Project	<input type="checkbox"/>	Preparation of lecture or conference paper
<input type="checkbox"/>	Legal or property related search	<input type="checkbox"/>	Official/FOI/Council administration
<input type="checkbox"/>	Preparation of exhibition	<input type="checkbox"/>	School project
<input type="checkbox"/>	Artistic/theatrical/literary project	<input type="checkbox"/>	Prep. of local heritage event or project
<input type="checkbox"/>	Other (Please specify below):	<input type="checkbox"/>	Commissioned Research, Family History & Genealogy

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

PERIOD OF RESEARCH (Please mark X all that apply):

Before 1700	1700-1800	1800-1900	1900-1950	1950-1990	1990-2000	After 2000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIFIC TOPIC/SUBJECT OF RESEARCH:

(What exactly are you researching? Please give the title, and details, and avoid general titles such as 'genealogy')

Title of Research Topic/Paper/Production
Details of Your Research Including a List of Collections That You Wish to Access

Is the Research intended for publication?

(Please Mark X)	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUALIFICATIONS, EXPERTISE, PUBLICATIONS, AND MEMBERSHIP OF ORGANISATIONS, RELEVANT TO THIS RESEARCH:

DECLARATION BY APPLICANT AND DATA PROTECTION NOTICE

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 understand that my personal data is processed by Cork City Council, for the following 3 purposes: 1) Ensuring the security and conservation of archive collections and other property in the Archives, and 2) Providing research access to the archive collections and 3) Ensuring the safety and security of Staff and Customers in the Archives; and I further understand that my personal data is held for as long as is required for the above stated purposes.

SIGNED AND DATED: _____

OFFICE USE ONLY

Registration Period Granted: FROM:

UNTIL:

ID with signature:

Date of Issue/No:

Proof of Address:

Acad. Ref.:

Archivist Signature:

Date:

Entered in Database [] (Insert X)