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*part of the Cultural Facilities Corporation  
an ACT Government enterprise*

## Artefact Chat Education Program

### *Permission to use oral history form*

**Please return to:**  
ACT Historic Places Education Officer  
Canberra Museum and Gallery  
PO Box 939 Civic Square  
Canberra ACT 2608  
E: [historicplacesbookings@act.goc.au](mailto:historicplacesbookings@act.goc.au)

#### **Please print:**

I, \_\_\_\_\_ [interviewee's name] of

\_\_\_\_\_ [address]

give permission to \_\_\_\_\_ [student's first name] as agreed by

\_\_\_\_\_ [name of parent/guardian of student]

undertaking the *Artefact Chat* Oral History Outreach Education Program to record an interview held on:

\_\_\_\_\_ [date] at \_\_\_\_\_ [place].

I agree the use of the oral accounts and transcripts and any other material arising from the above-mentioned interview to be used and copied freely with acknowledgements, but without copyright restrictions and the following conditions will apply.

1. Copies of transcripts and recordings will be deposited in the ACT Museums and Galleries. An aural copy, and/or visual footage, of the recording can be uploaded to ACT Museums and Galleries website.
2. If the interview is transcribed I will be given the opportunity to review and correct where necessary the transcript prior to its finalisation. A copy of the interview on CDRom will be provided to facilitate this review.
3. I assign all rights in the recording/s, transcript and other material deriving from the interview to ACT Museums and Galleries.
4. In any adaptation, broadcast, publication, public performance or any other reproduction of whole or parts of the recording/s or transcript **my name is/is not** to be acknowledged as the interviewee.

Interviewee:

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian of student interviewer:

Name \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_