



GOVERNMENT OF
WESTERN AUSTRALIA

Department of
Local Government,
Sport and Cultural
Industries



Aboriginal History WA

General Researcher Access to Restricted Archival Records Application Form

Instructions

- Return completed form by email to ahrs@dlgsc.wa.gov.au or alternatively by post.
- All responses will be sent by email to the address specified on this form, unless otherwise advised.
- Any redactions to the requested material will be made in accordance with the Policy for Access to Restricted Information Managed by the Aboriginal History Research Services (AHRS Access Policy). Please ensure that you read the AHRS Access Policy available on the Department website.

Applicant Details

Title / Full Name

Organisation (if applicable)

Position

Contact phone number

Email

Address

Research Details

1. Research Topic

Provide sufficient detail including project type (e.g. individual/family history [please provide names] research, academic research, authorship, statistical research, community project) and proposed outcome. Attach separate page detailing specifics if required.

2. Records Required (please provide item details)

Except for privately owned material, all Department of Local Government, Sport and Cultural Industries (DLGSC) archived records are held at the State Records Office of Western Australia. Please refer to the online catalogue for item details and complete the table below <http://www.sro.wa.gov.au/search-our-collection>.

Cons No.	Item No.	File Title

3. Supporting Documentation

If any of the files above contain third party information please attach supporting documentation e.g. authorisation from community or an individual (see below).

Declaration

I declare that I have read and accept the DLGSC Policy for Access to Restricted Information.

Signed: _____

Date:

Consent for a Third Party to Receive Personal or Family History Records

Will your research require access to restricted personal and/or family records? If so please have the relevant person(s) complete this Consent form, with an attached copy of photo identification.

I (full name)

give consent to (full name)

to receive copies of archived records held by the Department of Local Government, Sport and Cultural Industries (DLGSC) about me, my family and/or the community (please circle which is applicable) whose records I have access rights to under the DLGSC Policy for Access to Restricted Information.

Signed: _____

Date:

Contact Us

Aboriginal History Research Services

Freecall: 1800 161 301

Email: ahrs@dlgsc.wa.gov.au

Website: <https://www.dlgsc.wa.gov.au/aboriginal-history>

Address: Level 2, State Library of WA, 25 Francis Street, Perth

Post: PO Box 8349, Perth Business Centre WA 6849