



## Archives Access Agreement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Institution (if applicable): \_\_\_\_\_

I hereby request permission to examine records in the custody of Melbourne Health / The Royal Melbourne Hospital Archives in connection with my research on the subject of (title/description etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Proposed use of records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that Melbourne Health / The Royal Melbourne Hospital accepts no responsibility for the publication of errors or defamatory information contained in the records.

I agree:

- to abide by the regulations laid down by The Royal Melbourne Hospital Archives for the reference and research use of its records;
- to indemnify Melbourne Health / The Royal Melbourne Hospital and its employees against all actions or claims, and the cost of resisting or defending these, which may be made against the said organisation / Hospital or its employees in respect of any publication or use made by me of information obtained from the records examined by me.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_