

# CATHOLIC EDUCATION MELBOURNE

## APPLICATION FOR ACCESS TO OFFICIAL RECORDS FOR PURPOSES OF RESEARCH

Please forward your application to: Director, Catholic Education Melbourne, PO Box 3, East Melbourne VIC 8002

### APPLICANT DETAILS

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

### PURPOSE OF INFORMATION REQUEST (Please enter details for **one** of the following three options)

**Option 1: Part of study leading to a formal qualification**

Formal qualification being undertaken: \_\_\_\_\_

Institution: \_\_\_\_\_

Faculty: \_\_\_\_\_

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

Supervisor Position: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

**Option 2: Project being conducted by a research institution or another organisation**

Name of Organisation: \_\_\_\_\_

Name of person authorising this application: \_\_\_\_\_

Signature of authorising person: \_\_\_\_\_

**Option 3: Private purposes other than study**

Describe the purpose: (Attach any additional documentation in support of your application)

### PROJECT DESCRIPTION

Describe the project for which information is being sought.

### INFORMATION REQUESTED

Describe the information being sought from the Archives of the Catholic Education Office Melbourne.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### OFFICE USE ONLY

Archivist Recommendation: \_\_\_\_\_

Approval: Application Approved / Not Approved \_\_\_\_\_

Assistant Director