

Connected Libraries Digital Memory Station Donation and Consent Form

Please email this completed form and a copy of your digital item/s to:
localhistory@connectedlibraries.org.au

The following digital object/s are offered for donation to the Local History Archive:

Item Description: _____

Creator (if known): _____

Date of creation (if known): _____

Provenance: (history of object, persons/places or events associated with object)

Donated by:

Name: _____

Address: _____

Email: _____

Telephone: _____

Ownership.

1. Is this item an original? Yes / No
2. Are you the legal owner of this object? Yes / No (Connected Libraries will not accept donations where the donor is not the legal owner).

Copyright.

1. Do you hold the copyright to this item? Yes / No
2. Do you consent to Connected Libraries holding a digital copy of the object?
Yes / No

3. Do you consent to Connected Libraries making this digital copy available online via our Local History Archive database? Yes / No
4. Do you consent to Connected Libraries making copies of the object for reference and publication? Yes / No
5. Do you consent to the published/scanned copy of the object being used by 3rd parties? Yes / No

All objects shared online will be shared under a *Creative Commons, Attribution-Non-Commercial-No Derivatives 4.0 International* licence. Under this licence, the object can be shared for non-commercial purposes, with no remixes or derivatives of the object allowed. This Creative Commons licence also protects the proper attribution of the object's copyright holder/s and legal owner/s.

Privacy.

1. Are there any living people depicted in the object? Yes / No
 - a. If Yes, these person/s, including the donor, should fill in the Consent Form below if possible.
2. Do you consent to your name being listed in documentation and online as the donor? Yes / No
 - a. How would you like to be acknowledged as the Donor (your full name, family name, etc)? _____

Agreement.

I, _____ wish to donate the digital object/s described here to the Connected Libraries Local History Archive. I agree that the digital object/s will be retained and shared by Connected Libraries in the manner stipulated in this form. I understand that Connected Libraries reserves the right to dispose of the object/s, unless otherwise specified in this form. I hereby certify that the information provided in this form is true and correct.

Signature: _____ Date: _____

Connected Libraries will uphold privacy and confidentiality whilst dealing with the information provided on this form. This form will be secured and kept for record-purposes.

Staff Use ONLY

Date item donated: _____

Accepted by: _____

Signature: _____

Identifier: _____

Consent Form

To be filled in by person/s whose likeness appears in objects donated to the Connected Libraries Local History Archive. More copies are available on request.

Person 1.

Name: _____

Address: _____

Email: _____

Telephone: _____

1. Do you give consent for your likeness in this object to be published online, via the Local History Archive database? Yes / No
2. Do you give consent for your likeness in this object to be reproduced for reference and publications? Yes / No
3. Do you give consent for your likeness in this object to be used by third parties? Yes / No

Signature: _____ Date: _____

Person 2.

Name: _____

Address: _____

Email: _____

Telephone: _____

1. Do you give consent for your likeness in this object to be published online, via the Local History Archive database? Yes / No
2. Do you give consent for your likeness in this object to be reproduced for reference and publications? Yes / No
3. Do you give consent for your likeness in this object to be used by third parties? Yes / No

Signature: _____ Date: _____

Person 3.

Name: _____

Address: _____

Email: _____

Telephone: _____

4. Do you give consent for your likeness in this object to be published online, via the Local History Archive database? Yes / No
5. Do you give consent for your likeness in this object to be reproduced for reference and publications? Yes / No
6. Do you give consent for your likeness in this object to be used by third parties? Yes / No

Signature: _____ Date: _____

Person 4.

Name: _____

Address: _____

Email: _____

Telephone: _____

4. Do you give consent for your likeness in this object to be published online, via the Local History Archive database? Yes / No
5. Do you give consent for your likeness in this object to be reproduced for reference and publications? Yes / No
6. Do you give consent for your likeness in this object to be used by third parties? Yes / No

Signature: _____ Date: _____

Connected Libraries will uphold privacy and confidentiality whilst dealing with the information provided on this form. This form will be secured and kept for record-purposes.

Staff Use ONLY

Accepted by: _____

Signature: _____

Object Identifier: _____