

**Ainslie School Days:  
Memories of Generations of Ainslie School Students 1927-2017**

**Participant permission form**

**Biographical and contact details**

This will help us organise the material and get in touch with you.

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

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Date and place of birth: \_\_\_\_\_

Date (approx.) of your family's arrival in Canberra and reason for coming:  
\_\_\_\_\_  
\_\_\_\_\_

Dates attended Ainslie School: \_\_\_\_\_  
\_\_\_\_\_

**Consent to participate in Ainslie School Days Oral History Project**

I am happy to participate in the collection of memories for Ainslie School Days. This may include contributing my written memories or participating in a recorded interview. I also agree to have my photo taken as part of Ainslie School Days Oral History Project activities.

**Oral history interviews**

Date and place of interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

**Consent to keep and use my memories, interview and photograph(s)**

I hereby give permission for my attached memories/oral history recording/photograph (*cross out what is **not** applicable*) to be used in the following ways:

- Kept in the Ainslie School archive or another public archive for future public access, research and use
- Public reproduction in print or electronic form, including on-line

I would like my material to be acknowledged in the following way:

*(Please write how you would like your name/acknowledgement to appear or indicate if you would prefer not to have your name used)* \_\_\_\_\_

I understand that I may be contacted about my contribution for the present project and agree that my contact details **may/may not** be used in the case of future activities. *(please circle one option)*

I have the legal right to make all the agreements included in this form.

Full name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_