

CORK CITY AND COUNTY ARCHIVES CORK CITY COUNCIL (Form Ref. RA/2021.06)  
**FORM OF APPLICATION FOR REGISTRATION AS A READER (Electronic Version)**

**PERSONAL DETAILS :**

Title:	
First Name:	
Last Name:	
Home Address:	
Address Cork:	
Tel. No:	
Email:	

**PURPOSE OF RESEARCH (Please mark X all that apply):**

<input type="checkbox"/> Postgraduate dissertation	<input type="checkbox"/> Undergraduate dissertation or project	
<input type="checkbox"/> My own family history/genealogy	<input type="checkbox"/> Editing or copying records for publication	
<input type="checkbox"/> Preparation of article, book, publication	<input type="checkbox"/> Media production (TV, Radio, Internet etc)	
<input type="checkbox"/> Architectural or Conservation Project	<input type="checkbox"/> Preparation of lecture or conference paper	
<input type="checkbox"/> Legal or property related search	<input type="checkbox"/> Official/FOI/Council administration	
<input type="checkbox"/> Preparation of exhibition	<input type="checkbox"/> School project	
<input type="checkbox"/> Artistic/theatrical/literary project	<input type="checkbox"/> Prep. of local heritage event or project	
<input type="checkbox"/> Other (Please specify below):	<input type="checkbox"/> Commissioned Research, Family History & Genealogy	

Other:

**INSTITUTIONAL AFFILIATION:**

Title of institution or organisation to which you are affiliated/attached for your research
Course / department title and status or position held
Name of Research Supervisor

**PERIOD OF RESEARCH (Please mark X all that apply):**

<input type="checkbox"/> Before 1700	<input type="checkbox"/> 1700-1800	<input type="checkbox"/> 1800-1900	<input type="checkbox"/> 1900-1950	<input type="checkbox"/> 1950-1990	<input type="checkbox"/> 1990-2000	<input type="checkbox"/> After 2000	
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**SPECIFIC TOPIC/SUBJECT OF RESEARCH:**

*(What exactly are you researching? Please give the title, and details, and avoid general titles such as 'genealogy')*

Title of Research Topic/Paper/Production
Full details of your research including a list of collections that you wish to access:

**Is the Research intended for publication?**

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
(Please Mark X )			

**QUALIFICATIONS, EXPERTISE, PUBLICATIONS, AND MEMBERSHIP OF ORGANISATIONS, RELEVANT TO THIS RESEARCH:**

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**DECLARATION BY APPLICANT AND DATA PROTECTION NOTICE**

I have read and agree to the [Rules and Conditions Governing Access To Records and Other Material in the Cork City and County Archives](#).

**SIGNED AND DATED:** \_\_\_\_\_

Applicants' personal data is processed by Cork City Council to manage research access to collections. This Form will be retained for a period in accordance with the Council's records retention policy. Cork City Council is committed to fulfilling its obligations imposed by the Data Protection Acts 1988 to 2018 and the GDPR. The Archives privacy statement is available at [https://www.corkcity.ie/en/media-folder/public-info/privacy-statement\\_ccp\\_archives-service.pdf](https://www.corkcity.ie/en/media-folder/public-info/privacy-statement_ccp_archives-service.pdf) and the Council's data protection policy is available at <https://www.corkcity.ie/en/council-services/public-info/gdpr/>

**If you would like to be placed on our Mailing List to receive information on events and resources at the Archives, please indicate Yes below:**

	<input type="checkbox"/> Yes	<input type="checkbox"/>	
(Please Mark X if Yes )			

OFFICE USE ONLY

Registration Period Granted: FROM:	UNTIL:
ID with signature:	Date of Issue/No:
Proof of Address:	
Acad. Ref.:	
Archivist Signature:	
Date:	Entered in Database <input type="checkbox"/> (Tick)