

The Tuam Home Oral History Project

Copyright assignment and interview processing Consent Form

The aim of this project is to record and archive the histories and life stories of survivors and their families and the memories of those in the wider Tuam community.

The purpose of this form is to enable the Tuam Home Oral History Project to:

- 1) Permanently preserve and maintain the recorded recollections of individuals in the Hardiman Library in NUI Galway along with relevant personal documents.
- 2) Provide access to this material for historical research/ print or online publication/ lectures/ education programmes and other legitimate academic purposes.
- 3) Provide access to the material to artists who are invited to work on the project with a view to presenting their stories in prose, poetry, drama, visual art or documentary. Projects not connected with the Tuam Home Oral History Project must be approved by the Hardiman Library Archive in NUI Galway.

I have read the above and agree that the content of my contribution (audio recording and personal documents) may, following my approval of the transcript of the interview, be added to the archive in the Hardiman Library NUI Galway.

The recordings, transcripts and documents constitute a literary work as defined by the Copyright and Related Rights Act 2000. As owner of the material I agree to assign copyright to the Tuam Home Oral History Project and agree that the content may be used in print and online publications, education, public performance, exhibition and broadcasting.

I consent to the following being made available:

Transcript and recording from (date) --/--/----

Transcript only from (date) --/--/----

The archived material may be made available

Under my own name

Anonymously until after my death

Anonymously in perpetuity

I wish the following further condition(s) to apply: _____

Print INTERVIEWEE Name: _____

Address: _____

Phone: _____

Email: _____

Signed: _____

Date: _____

Print INTERVIEWER Name: _____

Signed: _____

Date: _____

Print ARCHIVIST Name: _____

Signed: _____

Date: _____