



# The College of Nursing

## Request for Access to College Archives

Name: .....

Address: .....

..... Post code .....

Telephone: H ..... W .....

Email: .....

Title of Study/Project: .....

.....

Aims of Study/Project: .....

.....

Is this study being carried out under the supervision of an educational institution?

If Yes, please proceed to (A) **OR**  If No, please proceed to (B)

**A** Name of institution: .....

Course: .....

Supervisor: .....

**B** Which section of the archives do you wish to access?

College records  Doherty Collection  FNCA (NSW Branch)

RCNA (NSW Chapter)  PAIS Special interest group  Photographic collection

Bush Nurses Association  Marrickville Hospital records

Other: .....

How will the information be used/dispersed? .....

.....

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Will a copy of the completed project report be made available to the College?  Yes  No

Are there any other details relevant to the project? .....

.....

Signature: ..... Date: .....

### FOR OFFICE USE ONLY

Submitted to Board: .....

Approval/Denial: .....

Applicant notified: .....