



Research Library & Archives

Reader Application Form

First Name _____

Last Name _____

Mobile _____ Work Phone _____

Email _____

Address _____

Suburb _____

Postcode _____

Affiliated Institution _____

Staff/Student _____

Degree _____

Purpose of Request _____

Signature _____

Date _____

Referee

First Name _____

Last Name _____

Affiliated Institution _____

Mobile _____ Work Phone _____

Email _____

Signature _____

Date _____

The information you are asked to provide to the Gallery is personal information and is protected by the *Privacy Act 1988*. The Gallery collects your personal information to maintain your application for a Readers Ticket. The Gallery will not disclose this information to other parties other than in accordance with the *Privacy Act 1988*.