Offer of original materials to the

Museums of History New South Wales

This form enables the Museums of History NSW to collect information about material offered by individuals or private organisations for inclusion in the State archives collection. Please ask for advice if anything is unclear to you.

Please Note:

* **Museums of History NSW does not take in personal records of individuals or non-government organisations into the State Archives collection. Please ensure the materials being offered do not contain items of this nature. Any identified item of a personal nature will be returned to the donor.**
* **Originals of records created by a government agency or public official may in some instances be referred or returned to the appropriate responsible agency.**

**Donor Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Donor :** | | | | | |  |  |
| **Address:** | | | | | | **Post Code:** |  |
|  | | | | | |  |  |
| **Email:** | | | | | | **Phone:** |  |
| **Details of materials being offered to State Archives collection (attach a sheet if necessary) Space has also been provided on the back of this form for information about the provenance of the records. Please see over.** | | | | | | | |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
|  |  | | | | |  |  |
|  | | | | | |  |  |
| **Date range of this material:** | | | | | |  |  |
| **Please note: In general duplicates/copies of records or government publications already held as State archives collection or in the official custody of the responsible agency will not be retained as State Archives**  **Donor’s Wishes** | | | | | | | |
| **If the Museums of History NSW does not wish to retain this material, does the donor want the records returned?** | | | | | | | |
|  |  | **Yes** |  |  | **No** | | |
|  |  |  |  |  |  | | |
| **If no, can Museums of History NSW dispose of this material as it deems appropriate** | | | | | | | |
|  |  | **Yes** |  |  | **No** | | |
| **Please note: if ‘no’ is ticked this material will be returned. Please ensure the correct address details are provided.** | | | | | | | |
| **Do you want the donor’s name to appear in State Archives collection online finding aids as the donor of this record?** | | | | | | | |
|  |  | **Yes** |  |  | **No** | | |
|  | | | | | |  |  |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **(on behalf of: )** | | | | | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **State Archives collection/Regional Archives Centre Officer’s Name :**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**  **Location:** | | | | | | | |

**Provenance**

Please tick the appropriate box and include any additional details that provide further information about the provenance of the material:

material was found

material has been in possession of the organisation/donor’s family

material was purchased

material was given to donor

other

**INTERNAL USE ONLY** (State Archives collection staff to complete this section)

Checklist for assessment of accessions of donated or estray materials **Case Number** \_\_\_\_\_\_\_\_\_\_\_\_\_

Are the records:

personal or created by a non-government organisation?

copies?

government publications?

originals?

part of a series of records already held as State archives? Please provide series details.

covered by an existing disposal authority? Please provide authority details.

Are they identified as State archives under the authority or authorised for destruction?

Do the records to contain information warranting retention as State archives? (Please provide the basis for your recommendation.)

Other considerations or comments?