



NATIONAL ARCHIVES OF AUSTRALIA

## Special Access Acceptance Form

**Copies: 1. Agency 2. National Archives of Australia 3. Applicant**

### 1. Details of applicant

Name .....

Address .....

..... Postcode .....

### 2. Advice of conditions of Special Access

The Delegate has decided to grant you Special Access to certain records, on the following conditions:

- (a) that you report regularly to the Delegate on progress towards completion of the work described in Entry 3 of your application form;
- (b) that where the Delegate notifies you that particular information is sensitive, you will protect that information in accordance with the directions of the Delegate;
- (c) that no use whatsoever be made of information acquired during consultation of records made available under Special Access, other than as necessary to the production of the final text of the work;
- (d) that before the work is made public in any way:
  - those sections of the text based on records to which Special Access has been granted be submitted to the Delegate for examination,
  - those sections of the text based on records to which Special Access has been granted, and deemed by the Delegate to be unsuitable for public release, be deleted or amended to the satisfaction of the Delegate,
  - that the work acknowledge both the records used and the means by which access was obtained (i.e. through Special Access under the *Archives Act 1983*);
- (e) there will be no quotations from, references to, or copies made of intelligence documents to which Special Access has been granted and that were either (1) created by, or (2) provided by, or (3) received by or intended ultimately to be received by, a Commonwealth institution specified in s. 29(8) of the *Archives Act 1983*;
- (f) that you agree to such further conditions, if any, as the Delegate may lawfully impose (further conditions are attached).

Reporting period in respect of condition (a) is: .....

Records will be made available at: .....

Copies of records can / cannot be provided. See attached for any conditions applying to the provision of copies.

This Special Access authorisation is valid to: .....

Signature of Delegate: ..... Date.....

Name of Delegate: ..... Designation.....

Agency name: .....

### 3. Acceptance by applicant

I agree to the above conditions of Special Access to records of :.....

Agency name

Signature of Applicant.....Date .....

Signature of Witness: .....Date .....

Full name of Witness: .....

Address of Witness: .....

The applicant is to agree to any further conditions imposed by signing where indicated on the attached further conditions.