**Chatsworth**

**The Devonshire Collections**

**Application for Access**

**Application to use** (please highlight):

 Archival collections

 Library collections

**Surname:**

**Title** (Mrs, Ms, Mr, Dr etc):

**Forenames**:

**Contact address**:

**Telephone number**:

**Email address**:

**Subject of study** (please be specific):

**If you know which items from the collection you would like to consult, please list them (continue on a separate page if necessary):**

**Intended use of research** (thesis, published article, personal reference, etc):

**Proposed date(s) of visit**:

**Please give details of your course and institution if applicable:**

**Privacy Notice:**

The personal data you provide us with on this form is collected for the purposes of verifying your identity, administering access to the Study Room, ensuring the security of the collections, and enabling us to contact you regarding your visit or the collection material you wish to consult. Forms are kept on file for six years and then securely destroyed. They are not passed on to any other department or third party. Anonymised data, such as the topic of your research and your home institution where relevant, are used to compile annual statistics and to help us improve our service. Please help us to keep your personal data up to date by informing us of any change in your contact details.

I have read and agree to observe the Conditions of Access, and consent to the use of my personal data as outlined in the privacy notice.

**Signature**:

**Date**:

A form of photographic identification, such as a passport or driving licence, must be presented on your first visit.

**FOR OFFICE USE ONLY**

Application approved by:

Date:

I.D. sighted:

Date: