



THE BOB HAWKE PRIME MINISTERIAL LIBRARY Research Application

LIBRARY ADDRESS, TELEPHONE, FAX AND E-MAIL ADDRESS

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| APPLICANTS NAME <i>(Last, First, Middle Initial)</i> | | PERMANENT TELEPHONE NO. |
| PERMANENT ADDRESS <i>(Street, City, State, Postcode)</i> | LOCAL ADDRESS <i>(Street, City, State, Postcode)</i> | LOCAL TELEPHONE NO. |
| ANTICIPATED DATE OF ARRIVAL | | E-MAIL ADDRESS |

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|---|--|
| TYPE OF APPLICATION <input type="checkbox"/> New <input type="checkbox"/> Renewal | IDENTIFICATION <i>(example: drivers license, student ID, passport, researcher ID, etc)</i> |
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This information, although not required for obtaining Library Access, would aid our Librarian in assisting your research

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| OCCUPATION | NAME AND ADDRESS OF EMPLOYER OR INSTITUTION |
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DESCRIPTION OF PROPOSED RESEARCH *(Identify topic specifically, e.g. date range, research area, full name of biographical subject, Institution of research)*

TYPE OF RESEARCHER

EXPECTED RESULT OF RESEARCH

| | | | |
|---------------------------------------|---|----------------------------------|---|
| <input type="checkbox"/> Course Paper | <input type="checkbox"/> Masters Thesis | <input type="checkbox"/> Article | <input type="checkbox"/> Other <i>(Specify)</i> |
| <input type="checkbox"/> Report | <input type="checkbox"/> Ph.D Thesis | <input type="checkbox"/> Book | |

TENTATIVE TITLE

NAME OF INSTRUCTOR OR SUPERVISOR

| | |
|--|---|
| MAY BHPML STAFF ADVISE OTHER INDIVIDUALS OF THE SUBJECT OF YOUR RESEARCH? <input type="checkbox"/> Yes <input type="checkbox"/> No | MAY BHPML STAFF ADVISE OTHER INDIVIDUALS WHICH REFERENCE ITEMS WERE OF VALUE TO YOU? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| APPLICANT'S SIGNATURE | DATE |
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FOR LIBRARY USE ONLY

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| SIGNATURE AND TITLE OF APPROVING OFFICER | DATE |
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