



REGISTRATION FORM FOR ACCESS TO THE RESEARCH COLLECTION

Access will not be granted for commercial purposes

Note that permission is not required to use the Reference Herbarium

DATE OF APPLICATION ____/____/____	NAME _____
ORGANISATION / EMPLOYER (IN FULL) _____	
PREFERRED EMAIL CONTACT _____	PHONE NUMBER _____
MANAGER / SUPERVISOR NAME _____	
PROJECT _____	

Before being granted access to the Collection you will be required to undertake an induction / refresher tour.

Please confirm with a tick each of the following points upon completion of your induction / refresher tour:

- I have completed the induction / refresher tour
- I understand that this application is valid for a maximum of ONE YEAR ONLY (you will be required to re-register in January each year; this will involve a refresher induction tour).
- I understand that my registration may be terminated if the following conditions are breached.
 1. *Security swipe cards are non-transferable.*
 2. *Specimens must be bagged prior to entry to the Herbarium building.*
 3. *Specimens/PERTH boxes/herbarium facilities must be cared for and handled in accordance with the Visitor Notes and the Integrated Pest Management Plan.*
 4. *Access is granted to the Research Collections (specimen vaults) ONLY.*
 5. *This registration DOES NOT grant open access to Herbarium staff (please see Reception if you wish to arrange to meet a staff member)*
 6. *Visitors MAY NOT photograph or photocopy specimens in the Research Collection.*

SIGNATURE OF APPLICANT: _____ Date: ____/____/____

OFFICE USE:

AUTHORISED BY: _____ AUTHORISATION DATE: ____/____/____

AUTHORISATION EXPIRY: ____/____/____ DATE DATABASED: ____/____/____