

East Midlands Oral History Archive

DEPOSIT FORM

Received from:

Name

Date:

Address

Postcode:

Telephone:

Email:

Description of Deposit:

Information about interviewee	Collection Name:	
Name:	Date of birth:	Place of birth:
Address:	Marital Status:	Male Female
		Occupation:
Telephone no:	Fax no:	Email address:
Website address:	Children:	Religion:
Interviewer:	Subjects covered in interview:	
	Summary: yes/no	Transcript: yes/no
Technical Information		
Type of recording + No items: Tape: CD: Cassette: MD: Other:	Type of noise reduction: Dolby B; Dolby C; DBX; None;	Speed: 3 ³ / ₄ : 7 ¹ / ₂ : 15: other:
Type of machine recorded on:	Length of recording:	Recorded by:
Date of recording:	Where recorded:	Sound quality:
Any other relevant information:		

DF No.:

Type of Deposit: **Originals** **Copies**

Consent Obtained:
Restrictions:

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Accessioning Log

Sent for accessioning (tick box):

Received by (Initials of Cataloguing Officer):

Date received by Cataloguing Officer:

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