# SURSA ORAL HISTORY INTERVIEW RECORDING FORM

*The details you provide will be used* ***only*** *for administration of the project and for the purposes described on the consent form.*

|  |
| --- |
| 1. ***To be completed by interviewer:***
 |
| **Interviewee:** *(full name, alternative forms of name, title, date of birth)* |
| **Interviewee contact details:**  *(email and/or telephone number)* |
| **Job titles/roles with approx. dates**: *If (former) student, subject, degree and dates* |
| **Period covered in the recording:** |
| **Notes on any accompanying photo:** *(e.g. occasion, location, date, others present)*  |
| **Notes on any other accompanying material:** (*please llist)*? |
| **Interviewer:** *(full name)* |
| **Interviewer contact details:** *(email and/or telephone number)* |
| **Location of recording: Date:** |
| **Format**: *(eg Digital sound recording, Video)* **Duration:** |
| **Notes on recording**: *(e.g. number of files, any interruptions, low volume recording, etc).*  |
| **Issues identified:** (*e.g. potential defamation, indiscreet references to persons, etc. Please also communicate these to Angela and Lindsay by email)* |

|  |
| --- |
| **B:** **List of Names &/or ACRONYMs in Oral History Interview (with spellings checked):** |
| **Names** | **Notes/Queries (if any)** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |