



**ORAL HISTORY ASSOCIATION  
OF AUSTRALIA** (WA BRANCH) INC

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ABN 11 814 143 273

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OHAA

## ORAL HISTORY PRACTITIONERS DETAILS

|                |                                     |                                      |                                      |
|----------------|-------------------------------------|--------------------------------------|--------------------------------------|
| Name: _____    |                                     |                                      |                                      |
| Address: _____ |                                     |                                      |                                      |
| Tel: (h) _____ | (w) _____                           | Fax. _____                           | Mob _____                            |
| Email _____    |                                     |                                      | [Please Print Clearly]               |
| Expertise:     | Researcher <input type="checkbox"/> | Interviewer <input type="checkbox"/> | Transcriber <input type="checkbox"/> |

|                         |
|-------------------------|
| Qualifications: _____   |
| _____                   |
| _____                   |
| Experience: _____       |
| _____                   |
| _____                   |
| Special Interest: _____ |

|                                 |
|---------------------------------|
| Reference:                      |
| 1. Name: _____ Telephone: _____ |
| Project: _____                  |
| 2. Name: _____ Telephone: _____ |
| Project: _____                  |
| 3. Name: _____ Telephone: _____ |
| Project: _____                  |

Rate Charged:  
Interviewing: \$ \_\_\_\_\_

Research: \$ \_\_\_\_\_

Transcribing: \$ \_\_\_\_\_