



Oral History Western Australia

**Saturday 7 June**



### **Introductory Oral History Workshop**

Dear Community, Museum and Local History Organisations,

OHWA is offering this introductory workshop to individuals and organisations to gain the basic skills and knowledge to embark upon conducting professional and ethical interviews. The workshop is also designed to be useful for archivists who want to gain a better understanding of the materials in their collections.

The workshop will be presented by experienced OHWA members who will introduce you to the ethics and practical considerations needed for planning and conducting an oral history interview.

The number of places is limited to 15 applicants for a conducive learning and discussion group. The next workshop will be held in August.

NB Dr Elaine Rabbitt will conduct an Accredited Training Courses later in the year providing an opportunity for individuals to have their training skills formally recognised and to build on the skills and knowledge acquired in this introductory course.

1. *Date* Saturday 7 June
2. *Time* 10:15 am to 3:30 pm
3. *Venue* State Library of WA
4. *RSVP* by 4 June to Lynn at [contact@oralhistorywa.org.au](mailto:contact@oralhistorywa.org.au)
5. *Cost* \$50 for OHWA members and \$80 for non-members.

*Membership forms* can be found at <https://oralhistorywa.org.au/membership/join-ohwa/>

Important notes: 1. Bring your mobile phones or handheld recorders for recording practice.

2. Light morning tea/coffee will be provided but please BYO lunch and cup
3. Bring note paper and a USB for any downloads you may require
4. Print, scan and return the completed application form:



[www.oralhistorywa.org.au](http://www.oralhistorywa.org.au)

## INTRODUCTORY OH WORKSHOP - APPLICATION FORM

7 June 2025

Name:(Applicant 1) \_\_\_\_\_

Email \_\_\_\_\_

OHWA Member YES/ NO

Name:(Applicant 2) \_\_\_\_\_

Email \_\_\_\_\_

OHWA Member YES/ NO

Member institution being represented \_\_\_\_\_

Address:

\_\_\_\_\_ POSTCODE \_\_\_\_\_

OHWA Member YES/ NO

Date of joining/ rejoining OHWA \_\_\_\_\_

Contact for President ( ) or Secretary ( ) Name \_\_\_\_\_

Tel: (h) \_\_\_\_\_ (w) \_\_\_\_\_ Mob \_\_\_\_\_

Email \_\_\_\_\_

### Planned oral history interview/s or projects.

Applicant 1 \_\_\_\_\_

Signed \_\_\_\_\_

Applicant 1 \_\_\_\_\_

Signed \_\_\_\_\_

Date: \_\_\_\_\_

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