

Simpcw First Nation



Box 220, Barriere, BC. V0E 1E0
Phone (250) 672-9995
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Formerly North Thompson Indian Band

Simpcw Archives Research Application Form

Send to: Archives Coordinator
Archives.Coordinator@Simpcw.com
1-250-672-9995 ext 266
Toll Free: 1-800-678-1129 ext 266
Fax: 1-250-672-9928

Name _____ Date _____

Phone: Home _____ Cell _____ Fax _____

Email _____ Affiliation (Simpcw or other?) _____

What do you hope to learn? If Simpcw, who are you related to and how? _____

Types of materials you are interested in (ie. photographs, genealogy, oral history, textual records, maps, books) if applicable? _____

Archives information and info collected for this form is protected in accordance with Canadian and BC legislation. A copy of your birth certificate or other photo ID may be necessary for genealogy requests.

Fillable Form available on request for those with electronic signatures & digital copies of ID.

Appointments are preferable to make the most of your visit.

The Archives is open in the Natural Resource Department building Monday to Friday 8am to 4pm.

Signature _____ Date _____

Archives Representative _____ Date _____

Agreement of Confidentiality with Simpcw First Nation Archives

I, the undersigned, hereby agree that I have read, fully comprehend and agree to comply with the Simpcw First Nation Sharing policy and the Simpcw First Nation Archives Privacy Policy. I understand that BC and Canadian Information and Privacy Laws, as well as Simpcw protocols, protect personal information in the Archives. I understand that Simpcw Archives employees reserve the right to ask for and copy, picture ID. I understand that all current personal information collected is considered confidential.

I fully understand the confidential nature of the content of the Archives buildings and my responsibility to respect other community member’s privacy while researching any data within the Archives buildings, and I agree to respect that confidentiality.

I will ensure that information found within the Archives buildings is not distributed in public documents nor made available to unauthorized individuals.

I fully understand that no copies of anything contained within the Archives buildings will be made, unless prior permission is given, and will ensure that any copies made are not reproduced or shared in any way.

I understand that this is a legally binding document, created to ensure the respect and privacy of community members who have shared their personal information.

Name (print) _____

Signature _____ Date _____

Phone _____ Email _____

Address _____

Simpcw Archives Representative _____ Date _____

Other comments: