

Permission for Use of Indigenous-Related Materials Application

The Whyte Museum of the Canadian Rockies (WMCR) provides access and research opportunities to community members, academics, professional researchers and writers who have interest in the WMCR's vast and varied collections.

In alignment with the Whyte Museum of the Canadian Rockies' *Living Policy for Access to and Use of Indigenous Materials*, Indigenous related materials in our collections will require permissions from applicable Indigenous communities/family members. The WMCR honours the Cultural Rights and Intellectual Property inherent in these materials, and is committed to collaborating with the local Indigenous community in making this process respectful and ethical.

If you are requesting access to Indigenous materials, recordings, film or photographs for research, display or publication purposes, permission from Indigenous community/family members will be required past the initial research phase. This consultation and request for consent should be with done with the closest possible family descendants of the subject of research or person represented in photographs/films or sound recordings.

Permissions will be required before any reproduction orders can be processed.

Please note these decisions on permissions could take up to 2-4 months and may not always be granted.

WMCR staff have the authority to contact the signatory to confirm authorization or terms of authorization, prior to access being granted.

Part A and B: All applicants are required to complete.

Part C: Required for all non-Indigenous academic and professional researchers. All non-Indigenous applicants are encouraged to read and abide by Part C.

Part D: Indigenous family member signatory to be filled in after completion by applicant of applicable Parts A, B and C.

If you have any questions or concerns, contact Hosting Indigenous Community Relations (HICR) by email hicr@whyte.org or phone at 403-762-2291 ext. 324.

Part A: Permission for Use of Indigenous-Related Materials Application

To Be Completed by All Applicants

Reference Number (*internal use*): _____

Date of Application: _____

Name of Applicant: _____

Institutional Affiliation (*if applicable*): _____

Indigenous: Non-Indigenous:

Address: _____

City/Town: _____ Province/State: _____

Postal Code: _____ Phone Number: _____

Email: _____

Indicate the reason(s) for access (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Academic research | <input type="checkbox"/> Personal social media |
| <input type="checkbox"/> Personal research | <input type="checkbox"/> Non-personal social media |
| <input type="checkbox"/> Professional research | <input type="checkbox"/> Personal interior decoration |
| <input type="checkbox"/> Film/public broadcast | <input type="checkbox"/> Non-personal interior decoration |
| <input type="checkbox"/> Publication – book/magazine/
periodical/newspaper etc. | <input type="checkbox"/> Advertising or marketing |
| <input type="checkbox"/> Interpretive display | <input type="checkbox"/> Product for re-sale |
| | <input type="checkbox"/> Other: _____ |

Describe plan(s) for usage:

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I, the applicant, agree to provide a copy of their research outcomes to the Indigenous community member/s if requested and that research or exhibition or publications result/s on the WMCR's Indigenous materials include a clear credit to the WMCR and the participating Indigenous community.

I understand that permission decisions from Indigenous community member/s could take up to 2- 4 months and may not be granted.

NAME of Applicant: _____ DATE: _____

SIGNATURE of Applicant: _____



Part B: Permission for Use of Indigenous-Related Materials Application

To Be Completed by All Applicants

Order Number (<i>internal use</i>):	Date of Application:	Date Material Required:
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Reference/catalogue number	Describe the Indigenous content you require access to:



Part C: Permission for Use of Indigenous-Related Materials Application

*To Be Completed by All Non-Indigenous Academic and Professional Researchers.
Recommended for all Non-Indigenous Applicants*

In alignment with the Whyte Museum of the Canadian Rockies' *Living Policy for Access to and Use of Indigenous Materials* and current national standards, all academic and professional researchers are required to acknowledge that they have read and are familiar with Chapter 9 of the Tri-Council Policy Statement (TCPS 2), "Research Involving the First Nations, Inuit, and Métis People of Canada"

https://ethics.gc.ca/eng/tcps2-eptc2_2022_chapter9-chapitre9.html

This chapter is an excerpt from the CORE-2022 Course on Research Ethics which is available online. If the applicant has completed this certification, we request that document be attached to the application.

https://ethics.gc.ca/eng/policy-politique_tcps2-eptc2_2022.html

In regards to academic research, the inclusion of a Statement of Intent would also be helpful to this process. If available, please attach a Statement of Intent with completed application.

I, the applicant, have read and will abide by "Chapter 9: Research Involving the First Nations, Inuit, and Métis Peoples of Canada" of the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (TCPS 2)*.

I understand that an additional interview by the WMCR may be required to access and/or use the requested material.

NAME of Applicant: _____ DATE: _____

SIGNATURE of Applicant: _____

Part D: Permission for Use of Indigenous-Related Materials Application

To Be Completed by Appointed Indigenous Signatory

NAME of Indigenous Nation: _____

NAME of Signatory: _____

CONTACT Information of Signatory

*Phone Number: _____ and/or Email: _____

Address: _____

Authorization:

YES: YES, BUT WITH CONDITIONS: NO:

Conditions for Authorization:

If YES, would you like to receive a copy of projects that are considered academic research, professional research, film, public broadcast, publications, or products for resale?

YES, DIGITAL COPY: YES, PHYSICAL COPY: NO:

If YES, please provide the preferred email and/or mailing address for the applicant to provide a respective digital and/or physical copy:

NAME of Signatory: _____ DATE: _____

SIGNATURE of Signatory: _____

Additional Comments: