THE ALISTER HARDY TRUST

DATABASE OF ACCOUNTS OF RELIGIOUS AND SPIRITUAL EXPERIENCES

Director of the Religious Experience Research Centre Professor Bettina Schmidt

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**Please read carefully, sign below and send by email or by post to Prof Schmidt at the address above**

**Application for Access to the Database and Declaration on Usage of Confidential Materials**

I, the undersigned, apply to have access to the Alister Hardy Trust Database of Accounts of Religious and Spiritual Experiences.

I understand that only those who are subscribing members of the Alister Hardy Trust are granted such access.

I acknowledge that all material contained in this database is strictly confidential and copyright.

I acknowledge that all such material, viewed or worked upon, is the property of the Trust and cannot be used by me, personally, academically, commercially or through media outlets, without first receiving the written permission of the Director of the Religious Experience Research Centre (RERC).

I understand that permission, if given, will require full acknowledgement of the Trust and the Centre’s contribution to my research in any publication or presentation.

I undertake to reference all quotes with the relevant Account Number (nearly always a six-digit number) and ‘Archive of the Alister Hardy Trust’.

I undertake to inform the RERC about any outcomes from my research, to acknowledge the Alister Hardy Trust in the credits and to give two copies of any published material relating to this research to the Alister Hardy Trust.

I understand that I must not make any attempt to contact a person or the relatives of any person who has sent to the Trust an account of experience; and that when I refer to the accounts of experience I must do so by number and not reveal any confidential details about the experient.

In order to protect this data, I also undertake not to circulate extracts from the accounts of experiences by electronic means, such as e-mail or internet or social media.

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| --- | --- |
| Signature |  |
| Name and title |  |
| Organisation |  |
| Postal Address |  |
|  |  |
|  |  |
|  |  | Postcode |  |
| E-mail address |  | Telephone |  |
| Date: |  |

Please keep a copy of this form in your own records.

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Please outline the nature and likely outcome of your research.