# Completion Form Template

*To be forwarded to the Museum and the South Yorkshire Archaeology Service*

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| --- | --- |
| **Project name:**  | **Accession No.:** |
| **Contractor’s site code**: |
| Contact person: |  |
| Contractor |  |
| Address  |  |
| Telephone |  | Fax  |  |
| Email  |  |
| **The Archive** | □ A full inventory of the Archive is attached□ The Archive is accompanied by a full transfer of title□ The Archive is accompanied by an assignment of copyright |
| Please confirm that the agreed retention policy has been applied |  |
| Which HER holds a copy of the final report? |  |
| Has the digital archive been deposited with a suitable repository? If so, where? |  |
| Number of standard size boxes (as per Section 1.5) |  |
| Please describe any material that has been deposited in other than standard-size boxes |  |
| Please describe the level of specialist input in the development of the Archive |  |
| Please give a brief summary of the key discoveries made during any associated excavation and the significance of the project: |
| **On behalf of the depositor, I confirm that the Archive has been prepared according to the museum’s deposition guidance policy. I also understand that in the case that the Museum finds shortcomings in the way in which this Archive has been produced, which means the policy has not been appropriately implemented, the costs of addressing such shortcomings will be my responsibility.**Date: \_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **On behalf of the museum, I confirm that the Archive has been received according to the museum’s deposition guidance policy. I also confirm that in the case that the Museum finds shortcomings in the way in which this Archive has been produced, which means that the policy has not been appropriately implemented, the costs of addressing such shortcomings will be the responsibility of the depositor.**Date: \_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |