# Project Initiation Form

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

|  |  |
| --- | --- |
| **Project name:** | **Contractor’s site code**: |
| Main contact person |  |
| Contractor |  |
| Address  |  |
| Telephone |  |
| Fax  |  |
| Email  |  |
| Project Manager: |  |
|  |
| **Site Details** |
| Site name:Address:National Grid Reference (centred): | □ A copy of the agreed Written Scheme of Investigation/Project Design is attached |
| Size of area to be investigated: m2  | Planning reference: |
| Brief description of the proposed development: |
| Land Owner(s) and contact details: |  | Developer and contact details: |  |
| Brief description of the site, the expected archaeology and its expected significance:Type of Fieldwork (*please circle*): evaluation/ excavation/ watching brief/ surveyDate of Site expected (*please circle*): Prehistoric / Roman / Medieval / Post-MedievalType of Site expected (*please circle*): Rural / Urban / Industrial / Cemetery**Conservation & Storage Problems Anticipated**Waterlogged material anticipated: YES/ NOBulk environmental samples anticipated: YES/ NOBulk industrial/kiln waste products anticipated: YES/ NOBuilding materials/architectural fragments anticipated: YES/ NO**Comment** |
| Please describe any extraordinary conservation needs that might be necessary for the archive:  |

|  |
| --- |
| **Archive**  |
| Anticipated volume of material including documentary archive to be deposited: m3 |
| Proposed deposition milestones | What? Expected by when?  |
|  | □ Field work starts  |  |
|  | □ Field work completed |  |
|  | □ Mid project review of deposition |  |
|  | □ Post excavation work completed |  |
|  | □ Title of transfer secured |  |
|  | □ Deposition |  |
| Proposed on site sampling strategy: |
| Electronic archive to be deposited with ADS or similar organisation: Yes/No |
| Please describe what public or stakeholder consultation you are planning as part of this project: |
| **On behalf of the depositor, I confirm that we intend to offer this archive to \_\_\_\_\_\_\_\_\_\_\_\_\_ Museum as the most appropriate depository according to pre-published Collections Development Policy. I have read and understood the museum’s deposition guidance policy. The archive will be prepared in accordance with said policy including full transfer of title and the payment of the relevant deposition charge.**Date: \_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |