



**ETHNIC COMMUNITY CARE LINKS INC. (ECCLI)
REQUEST FOR PERMISSION TO USE COPYRIGHT MATERIAL**

Permission is sought to use ECCLI material in accordance with the information detailed below.

1. Details of organisation/person seeking permission:

Name of individual making request : _____

Name of organisation you represent _____

Position title _____

Postal address _____

E-mail address _____

Fax _____ Telephone _____

2. Material for which permission to use is sought:

Description of material eg title : _____

Material published : Text Pamphlet Other

State section of material to be used? (identify page numbers, illustrations, etc).

3. Purpose and details of use

Where will the material be used (eg in training booklet)? _____

How many copies do you wish to make? _____

How long would the material be required? _____

Do you intend to sell a product in which the material is intended to appear?

Yes No

If yes please give details (eg cost [and basis of cost eg cost recovery], distribution)

Signature: _____ Date : _____

Please fax completed form to: FAX: 4723 92356 OR by mail to

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