

Wexford County Council Public Library Service

Wexford Oral History Programme

Nomination Form

Name of nominee for interview: _____

Address: _____

Phone number: _____

Recommendation: tick one

Very Soon

Soon

No rush, but don't forget!

Why you are nominating this person: just a few words about the stories s/he may offer

I have discussed the interview with the person nominated. YES / NO (Delete one)

Any supporting information you may wish to add: e.g. any disability that may need to be treated sensitively, any person through whom contact should be made

Nominated by : _____ **Tel :** _____

Email : _____ **Date:** _____

Return this form to your local public library or to Wexford County Council, Public Library Management Services, 6A, Ardavan Business Park, Ardavan, Co. Wexford, Republic of Ireland. Tel: 00353 53 91 24922 Fax: 00353 53 91 21097
www.wexford.ie/library Email : libraryhq@wexfordcoco.ie