

Library Registration Form

Expiry Date:

Membership Number

Please complete **using capital letters** and return to the library. The information you provide on joining the library is held on the library management system database. It will only be used for legitimate library processes by library staff or a third party to facilitate an effective service. Your consent to our holding this information, required by Data Protection legislation, is assumed when you sign the membership form.

Please bring your card when you use the library.

PERSONAL DETAILS

Family Name..... Title.....

Given Name (s).....

Home Address.....

.....

Post Code.....

Home Phone.....

Preferred email contact.....

Mobile:.....

WORK DETAILS

Job Title.....

Employer/University.....

Department..... Work Address

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Work Phone.....

Leaving Date (if known).....

Temporary Address (if applicable).....

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DECLARATION

I agree to take responsibility for all items I borrow from the Trust libraries. I have read the library regulations and agree to return all the items I borrow.

I will notify the library if I change any details listed on this form, and I will report the loss of any items I have borrowed. I agree to my data being held in accordance with the Data Protection Act (1988) for the use of the South West Libraries.

I confirm I will inform the Healthcare Library if my personal details change so that my records may be updated.

Signed..... Date.....