

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

Surname

First Name

Title

Home Address

Post Code

Home Phone

Temporary Address (If applicable):

Preferred email contact

Mobile

WORK DETAILS

Job Title

Employer/University

Department/Work Address

Work Phone

Leaving Date (if known)

Declaration

I agree to take responsibility for all items I borrow from the library, including fines accrued due to late returned items. I agree to return all the items I borrow or pay for any loss or damage to them during the term of my loan.

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.....

Library Services: *Evidence Updates*

- **What is it:** A service to let you know whenever we find high impact publications in your area.
- **Why use it:** to see the latest high-level evidence in your field.
- **How it works:** we create your KnowledgeShare profile to be as broad as you need or more specific - whichever suits you. For example, you could receive everything published on obstetrics or limit down to just receive things related to gestational diabetes.
- **The Content:** KnowledgeShare contains policy documents and a wide range of summarised evidence so that you will not be inundated with primary research articles.

List your professional and/or research interests: This information is used to notify you about new resources in your area. *Please be as comprehensive and specific as you like.*

Indicate Condition(s)/Risk factors:

Age Groups

- ☐ Neonates
- ☐ Children & Adolescents
- ☐ Adults
- ☐ Elderly

Settings

- | | |
|---|---|
| <input type="checkbox"/> Hospital Ward | <input type="checkbox"/> End of Life Care Community |
| <input type="checkbox"/> Outpatients | <input type="checkbox"/> End of Life Care Hospital |
| <input type="checkbox"/> Emergency Department | <input type="checkbox"/> General Practice |
| <input type="checkbox"/> Intensive Care | <input type="checkbox"/> Prehospital |
| <input type="checkbox"/> Community | <input type="checkbox"/> _____ |

KnowledgeShare is Authenticated using NHS OpenAthens. Do you have an Athens Account?

- ☐ Yes Please Provide Username if known: _____
- ☐ No

Athens enables you to access library resources purchased for your use. Please talk to library staff to sign up or go here to self register: <https://openathens.nice.org.uk/>

May we make your contact details and interests visible to all members of KnowledgeShare in order to promote knowledge sharing, in accordance with the Data Protection Act (1998)?

- ☐ Yes-All members
- ☐ Only members at my organisation
- ☐ Only Library Staff

Signed:.....