



LIBRARY SERVICE REGISTRATION FORM

Please use BLOCK CAPITALS to complete this form.

Surname _____ Title _____

First name(s) _____

Job title _____

Permanent contract or Date contract/rotation/placement ends __/__/____

Please indicate your employing organisation by ticking box below:

Breast Screening Service	<input type="checkbox"/>	NHS Leeds	<input type="checkbox"/>
Health Protection Agency	<input type="checkbox"/>	National Blood Service	<input type="checkbox"/>
Hospice staff	<input type="checkbox"/>	Prescribing Support Unit	<input type="checkbox"/>
Leeds Community Healthcare Trust	<input type="checkbox"/>	Yorkshire & the Humber SHA	<input type="checkbox"/>
Leeds Partnerships Foundation Trust	<input type="checkbox"/>	Other NHS organisation	<input type="checkbox"/>
Leeds Teaching Hospitals Trust	<input type="checkbox"/>		<input type="checkbox"/>

Usual workplace address:

Work telephone number _____ Ext. _____ Bleep _____

Home or temporary address:

Home or mobile telephone number _____

Preferred e-mail address: _____

[Please note, this is the e-mail address to which the Library will send all notices and other communication.]

STUDENTS ONLY: Please complete the following:

Name of your clinical supervisor at your workplace:

Name of the Institution where you are a student:

Name of your tutor at this Institution:

ALL APPLICANTS please read and sign:

General library regulations

1. Library members must respect other users of the library and conduct themselves in an appropriate manner.
2. Fines on overdue books will be paid in accordance with the local charging policy.
3. Library members must ensure that the library is informed of any changes in personal details, eg change of address.
4. Library members must not mark, deface or damage library stock.
5. Photocopying must comply with current copyright legislation and the terms of the NHS CLA Licence. Photocopying must be paid for in accordance with the local charging policy.
6. Library members must adhere to local library regulations.
7. You will be held responsible for any books issued on your library card. Therefore lost library cards must be reported to Library staff immediately.
8. On leaving the Trust, library cards must be returned to the Librarian.

I agree to abide by the Library regulations. I understand that I am financially responsible for making good the loss of, or damage to any items on loan to me. I also undertake to keep the Library informed of my current address. I accept that these details will be held on the library management system, and that this information will be available to myself and health library staff, and may also be accessed by the library system supplier during system maintenance. I consent to this information being held and used in accordance with current Data Protection legislation and local Trust policies.

Signature _____ Date _____

Library staff use only:

UserID: _____ Card issued (date): ___ / ___ / _____

Entered on system (date): ___ / ___ / _____

Profile

- | | | | | | |
|------------|--------------------------|------------|--------------------------|-----------|--------------------------|
| ADM-MGT | <input type="checkbox"/> | CRIM-JUST | <input type="checkbox"/> | SCI-TECH | <input type="checkbox"/> |
| AHP | <input type="checkbox"/> | DOCTOR | <input type="checkbox"/> | SOC-SERVS | <input type="checkbox"/> |
| AMBULANCE | <input type="checkbox"/> | EDUCATION | <input type="checkbox"/> | STUDENT | <input type="checkbox"/> |
| COMM-DENT | <input type="checkbox"/> | EST-SUP | <input type="checkbox"/> | TRAINEE | <input type="checkbox"/> |
| COMM-GROUP | <input type="checkbox"/> | GP | <input type="checkbox"/> | VOLUNTARY | <input type="checkbox"/> |
| COMM-OPT | <input type="checkbox"/> | HCA | <input type="checkbox"/> | OTHER | <input type="checkbox"/> |
| COMM-PHARM | <input type="checkbox"/> | H-SCI | <input type="checkbox"/> | | |
| CONSULTANT | <input type="checkbox"/> | NURSMIDIVS | <input type="checkbox"/> | | |