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		Leeds Teaching Hospitals Trust	
Health Protection Agency		National Blood Service	
Hospice staff		Prescribing Support Unit	
Leeds Partnerships Foundation Trust		Yorkshire & the Humber SHA	
NHS Leeds		Other NHS organisation	
Leeds Community Healthcare NHS Trust			

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:

_____

P.T.O.

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	❑	CRIM-JUST	❑	NSTUDENT	❑
AHP	❑	DOCTOR	❑	NURSMIDIVS	❑
AMBULANCE	❑	EDUCATION	❑	SCI-TECH	❑
COMM-DENT	❑	EST-SUP	❑	SOC-SERVS	❑
COMM-GROUP	❑	GP	❑	STUDENT	❑
COMM-OPT	❑	HCA	❑	VOLUNTARY	❑
COMM-PHARM	❑	H-SCI	❑	OTHER	❑
CONSULTANT	❑	MSTUDENT	❑		